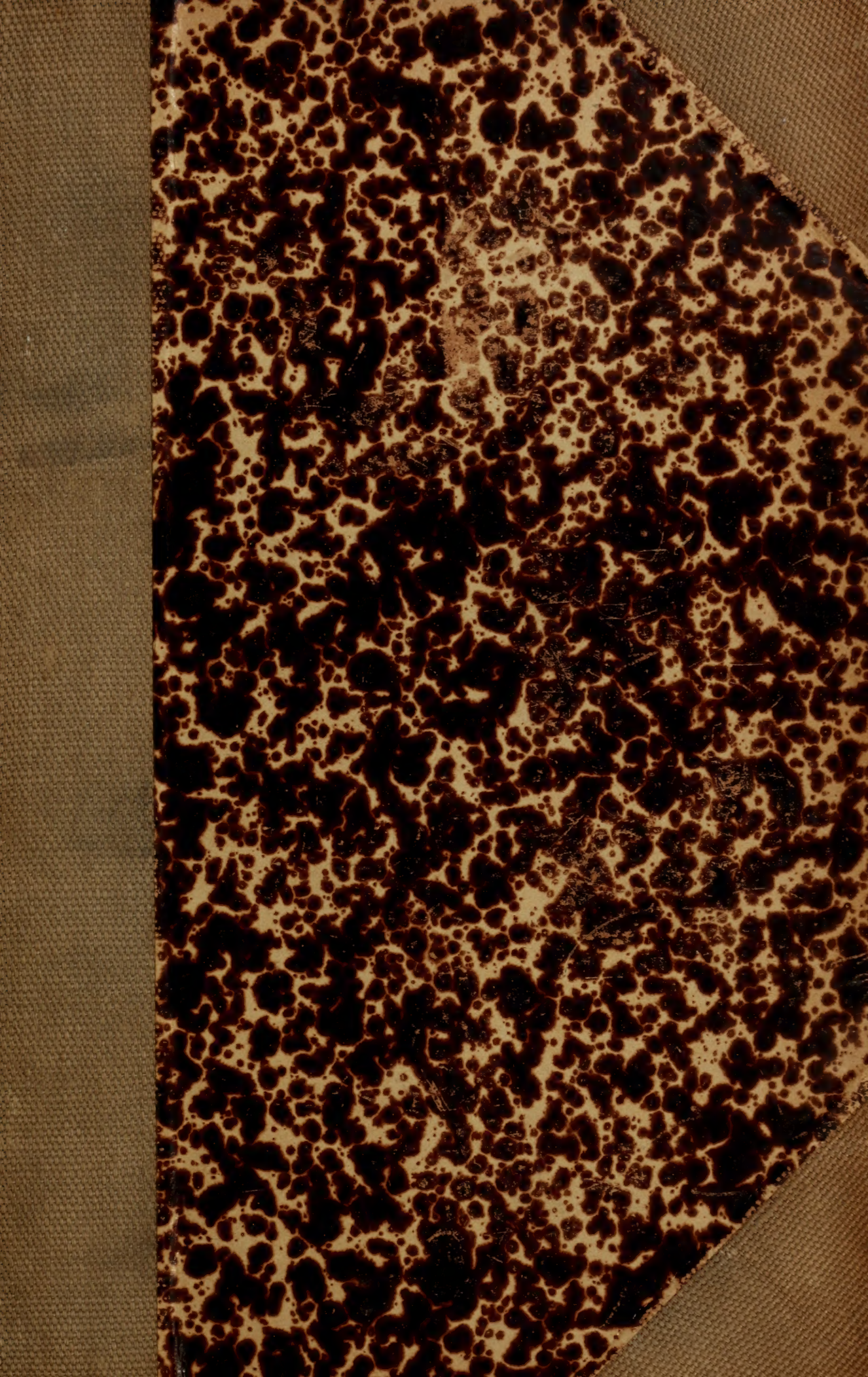




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THE MEDICO-LEGAL JOURNAL.

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C. H. Hughes

*THE INSANITY OF CHILD-BIRTH IN ITS RELATION TO INFANTICIDE.**

By EDWARD M. HYZER, ESQ., of the Janesville Bar, Wis.

“Sanity and insanity are to be measured by differences or changes of habit, taste or disposition.”

As civilization advances, general rules become primarily and comparatively of less importance, and greater attention is given to particular instances.

The inductive method of reasoning has led to more careful investigation, definition and classification of particular facts.

This method has led us to particularize and has taught the great importance of the smallest fact.

Facts have become dignified, and we have come to respect and appreciate their great importance in the determination of all questions.

In the infancy of government, general rules were thought sufficiently just to be applicable to all instances, and all acts were measured by them without reference to the factual peculiarities of the individual cases. Rights of persons were considered justly determined by a reference to the governmental generalizations, of which only, early society was capable.

But, as we advance, the tendency of society is to approach more nearly to individual justice.

Individuals, as we come to divide, define and classify like facts, assume a greater importance.

*Read before the Medico-Legal Society, April 10, 1889.

This paper received the third prize in the year 1888, from the Committee of the Medico-Legal Society.

The smallest right is slowly assuming its proper dignity, and the slightest differences in cases which come before social tribunals are gradually becoming cognizable. Society is ceasing to measure right and wrong and responsibility by magnificent generalities, and its tendency, its effort is, or is coming to be, to do justice according to the *facts* before it.

This is right. This is the object and purpose of true social government. Nothing of malice, nothing of revenge, nothing of retaliation should exist, but what are the *facts*, and what is justice *measured by those facts*. This tendency explains the growing importance of medico-legal investigation.

It remains for workers in that field to answer the question put by society—what is criminality? What is responsibility? Do they exist in this individual or under these circumstances?

Many questions of this nature have been answered, many devils have been cast out, and much progress has been made before resistless arrays of facts, but much remains to be done. To assist society in determining these questions, to assist in bringing about simple justice and preventing injustice, even in the smallest degree, is an object worthy of the humane, the merciful, the thoughtful.

These considerations have led the writer to call attention, as far as possible in this paper, to the actual, the probable and the possible mental conditions of mothers at and immediately after giving birth to children, as bearing upon their responsibility for or the degree of criminality attaching to infanticide committed by them at such times.

Whether we regard insanity as brain disease primarily, certain brain states proceeding from within out-

wards, thus by reason of disease reversing the natural order; or brain disease as a result of peripheral end organ irritation; or brain disease by reason of brain degeneration as a result of physical disturbance; or brain disease as a result of hereditary brain weakness; in short, whatever we consider it, we must at last admit, if we desire to reach any practical result, that psychology and physiology are so closely related that no scientist has yet been able to separate them, nor to conceive of their separate existence, nor even to mark out any boundaries within which he can restrain either the one or the other, or even himself, while he is considering whether he have either of them apart from the other or no.

Perhaps the word insanity has been best used by Spitzka, who has called it a symptom which may be due to many different morbid conditions having the feature in common that they involve the organ of the mind. And perhaps the most useful description of the condition of which insanity is the symptom is this, that the individual is not mentally in harmony with himself. Dr. Savage says that a man must be considered as sane or insane with reference to himself; that sanity and insanity are to be measured by differences or changes of habit, taste and disposition in the individual, as well as by other symptoms of change in the nervous centers. Dr. Hammond says that so long as the individual peculiarities of mentality are not directly at variance with the average workings of the human mind or with the person's own methods of normal mental action he is sane. If they are at variance he is insane.

So long as we cannot localize the disease itself, so long as scalpel, test-tube, microscope, sphygmograph, ophthalmoscope, or electrical apparatus cannot distinctly

point it out to us, just so long must we study it by results and identify it by comparison, tracing, as far as possible, the relations between mind and matter by what we ourselves feel, and by what we know others feel or have felt. Bearing this in mind, let us consider what must be the mental condition of the mother about to bring forth her child.

We know how closely bodily states are related to mental conditions. We know how brain action is impeded by an overlaid stomach, how indigestion can conquer genius. "That the nerves of the abdominal viscera are intimately related to the cerebrum and cerebellum has been experimentally proved ; and as even within the physiological limits of health, the states of the abdominal viscera have an evident influence upon the frame of mind as a whole, and upon the entrance of certain kinds of ideas, so morbid irritation of the nerves which have their source in these organs will frequently induce morbid states of mind."*

We know how physical pain can incapacitate mind, and while these are not diseased mental states, they are weighty facts in the determination of possible brain disease from physical conditions alone.

We know further that probably the most intimate relation of mind and body is that existing between the reproductive organs and the brain. We observe that the age of puberty brings with it peculiar changes to the mind, and the frequently resulting insanity has its peculiar designation. Self-abuse is followed by mental disease. Sexual excess brings similar results, while the entire repression of the sexual appetite is also likely to lead to mental degeneration. Dr. Savage says he has seen several cases of young newly-married people who

* Griesinger.

were rendered emotionally insane in consequence of a few days sexual orgies. At the other end of life, the climacteric, especially among women, a well recognized intellectual change in common, sometimes taking the direction of increased intellectual activity, and sometimes a hypochondriacal habit of mind.

Charpentier says that there is an undeniable sympathy between uterine disturbances and intellectual disorders. The evidence is overwhelming and we are led to believe that there exists somewhere in the human system some occult sympathy between those organs whose function it is to crowd the stage of life with actors, and that indefinable essence which we call mind, and which abstractly considered would seem to be most distinctly separated from the organs in question.

If then any development or change in these organs or of their functions brings danger to the mind, what danger must not follow when the greatest of all development and change in organ and function takes place in the pregnant woman. This must be more marked in primiparae, to whom infanticide committed by mothers is almost wholly confined. In these the whole current of life, mental and physical, is changed.

Thoughts, feelings, desires and fears, new and strange, crowd upon the young woman, when first she realizes that mysterious fact of life within herself. Then follows that great physical disturbance which must come before the system can accommodate itself to the development of another system within itself. Blood, nutrition, muscular exertion, is called for in new directions; old functions cease and new ones suddenly become active. The mental and physical powers are directed to the new point of interest and the situation assumes an exaggerated importance, in comparison with which all

other mental and physical conditions become of little moment. It needs but a moment of reflection to realize, to some extent, the mental and physical condition of a young woman under these circumstances. It needs but a moment of reflection to realize, to some extent, the powerful influence which such a condition must exert over her. Dr. Lusk has well stated these ideas in the following language :—"When we remember the marked perturbation of the nervous system, in even normal pregnancy, from reflex action, from disorders of the digestion, from the deprivation of the blood, it is not strange that the same conditions which give rise to moral perverseness, to the loss of memory, to hysteria, or hypochondria, should likewise prepare the way for the more pronounced forms of mental derangement. In character the psychical disturbances of child-bearing women do not differ from those that develop under ordinary circumstance, but so active are the causes during the period in question, that of the insane who crowd the public asylums, in one eighth, according to Tuke, the malady is of puerperal origin."

We have now found that there must be a great and actual mental disturbance, even though a normal one, in the child-bearing woman, and recalling for a moment the mercy of the law which in most cases takes into consideration all mental conditions, however slightly different in determining degrees of criminality, is it not time that this mental condition be given its due weight and importance in cases of infanticide, as is "heat of passion," "provocation," and "lack of cooling time" in cases of ordinary homicide.

And now having glanced at the mental states almost inevitably existing under the circumstances which we have in mind, let us consider what mental states we *may* find under like circumstances.

That we shall meet with well marked, clearly defined insanity is beyond question. Just how and when that insanity bears upon the charge of infanticide we shall endeavor to show. And let us first briefly examine the morbid mental conditions accompanying pregnancy. The insanity of pregnancy, childbirth and lactation is treated by most authors under the general term Puerperal Insanity. But we find the cases divided into several classes, as insanity of the early months of pregnancy, which disappears about the fourth month ; insanity developing during the later months of pregnancy, which may or may not terminate with the pregnancy ; puerperal insanity proper, or as it is sometimes termed, the insanity of labor, frenzy of labor, or insanity following parturition, which comes on with labor and may or may not terminate with it ; and insanity accompanying lactation.* It is the insanity of labor with which we have to do in this paper.

“ We have thus seen,” says Dr. Savage, “ that the action of pregnancy, parturition and lactation may be simple or compound. They may act immediately, or the result may be postponed for some time ”

So powerful is the effect of pregnancy in this direction that it is said many women go through other causes of depression without suffering nervously, and yet become insane with each pregnancy or each delivery.† So delicate is the influence that this phase of insanity occurs only with male pregnancies in some and in others only with female children.‡

The form of insanity exhibiting itself at these periods may be mania, melancholia or dementia.§ It may approach slowly or develop suddenly, as an examination of the instances will show. The maniacal form, as a

*Hammond, 640

†Savage, 69.

‡Id., —.

§Id., 67.

rule, comes on soonest after delivery. Dr. Savage regards true puerperal insanity as that which follows delivery from a few days to as many weeks. He speaks of a period of delirious excitement which may come on during the second or third day after delivery. “A *mania transitoria* may arise suddenly and pass off as quickly; the patient will have a flushed appearance, with a full pulse, and active, talkative delirium, with hallucinations, in which she may cause damage to herself and to her child. Medico-legally speaking, this condition is of great importance, because during this period of excitement the mother may commit infanticide, and not only be guiltless as far as responsibility is concerned, but may not have the smallest recollection of what has taken place.”*

We shall now consider the insanity which accompanies labor. Referring again to Dr. Savage we find it stated that insanity may follow parturition, there having been no marked insanity before; that it may be an exaggeration of the emotional state produced by the pains of labor. As insanity might be started by a fit of delirium tremens, so an attack of insanity may be started by labor pains.† Again he says, “With delivery one has frequently seen considerable mental disturbance as a purely natural and physiological circumstance; but beyond this a condition may arise more or less of temporary derangement, the pain of labor starting a condition of mental instability which may become fully developed insanity; and just as on the one hand I referred to a case in which the pain of labor was associated with temporary return of reason, so the nervous shock may, on the other hand, upset the balance.‡

Again there may be a frenzy associated with the birth

*Savage, 371.

†Id., 69.

‡Savage, 370.

of a child, which may disturb the mental balance for a longer or shorter period.*

Dr. Sibald says that “attacks of maniacal excitement sometimes occur during actual parturition. They are usually of very short duration and seem to be directly dependent on the intense suffering which may accompany the pains. The most frequent period of their occurrence is when the head of the child is passing the *os internum* or *externum*. It may be caused by weakness induced during parturition, by hemorrhage or exhaustion. It is liable to appear in primiparæ when the subjects are exceptionally young or exceptionally advanced in years. Inordinate mental excitement is liable to bring it on. When any of the causes are superinduced on hereditary insanity or tendency the danger is greatly augmented.”†

It is stated by Dr. Clouston that “childbirth, nursing and pregnancy in women are liable to act as the exciting causes of attacks of mental disease. In importance and frequency they stand in the order in which I have placed them.” Further, “puerperal insanity is technically limited to the mental disease that occurs within the first six weeks after confinement. By far the majority of cases, and by far the most acute and characteristic cases, occur within the first fortnight. It is a very common form of mental disease, for five per cent. of all the cases of insanity among women are puerperal, and I think it is a low estimate that one in every four hundred labors is followed by it. In one half of the patients the disease begins within the first week after confinement, and in three fourths of them within the first fortnight. The accompaniments of childbirth produce it. The great physiological cataclysm itself, the pains of labor, the ex-

* Savage, 470.

† Dict. of Med. Quain., 729.

citement, mental and bodily, the exhaustion, the loss of blood, the open blood vessels liable to absorb every septic particle, the sudden diversion of the stream of vital energy from the womb to the mammæ, these together, or separately, are the causes that, acting on an unstable brain hereditarily, set up one of the most violent storms that the physician has ever to treat. and it comes on very suddenly in most cases."

It is stated by Balfour Browne that delivery has a better right to be considered as a predisposing cause of mental derangement than pregnancy. He divides puerperal insanity into that which occurs during pregnancy, that which occurs at the period of parturition, and that which occurs during lactation, stating that the greater number of recorded cases fall under the second of these heads, at which period women are peculiarly liable to attacks of insanity.

Griesinger declares that of all the influences which arise from the female sexual system, *pregnancy*, and still more the *puerperal state* and *lactation* are the most important. He says, further, that even during delivery, and from that time during the whole course of the puerperal state, severe mental disorders may arise, the comprehension of which, under the term puerperal insanity, according to the form of the insanity, does not seem to be correct, as they have in regard to symptoms both something altogether distinct from ordinary insanity, and amongst themselves possess many peculiarities in common; still, in relation to the peculiar circumstances of the origin, the term is quite justifiable. In a practical point of view, a minute separation of these cases is always necessary. During the *act of delivery*, there occasionally occur states of great excitement and mania; indeed it has been observed that with each pain there

occurred a violent outbreak of fury. The pain, the very great general nervous excitement, and the violent congestive states, lie at the foundation of these disorders.*

Spitzka says that "occasionally, transitory frenzy is observed, either in dependence on the extreme agony of childbirth, or as a manifestation of the delirium of the parturient state. In this condition, infanticide or suicide, or both, are sometimes committed."

Charpentier states that "sometimes labor does not limit itself to the production of the agitation, anxiety and instability which all accoucheurs have observed, but attacks the intelligence or even leads to the development of maniacal delirium. Thus some women, in real frenzy seek to inflict violence upon themselves or the child, to abridge their suffering. There is a complete incoherence; patients have no appreciation of their condition. In many cases the intellectual trouble assumes the character of acute mania. It occurs most frequently in difficult labors, but also sometimes in natural ones, when it coincides with the expulsion either of the fœtus or of the placenta. It ceases spontaneously when labor ends, and in the cases where it is prolonged after delivery, it rarely lasts more than a few days."

Verrier says: "A transient mania has been noticed to suddenly appear during labor from the pain. A case is recorded by Cazeaux where, at the moment the pains became expulsive, the woman commenced to sing the overture to 'Lucia di Lammermoor.'"

Dr. Condie recognizes this temporary insanity, but regards it as of very short duration, lasting but a few moments. Dr. Maudsley says "there can be no doubt of the fact that a woman is sometimes attacked with mental alienation during or immediately after delivery, and

*Griesinger 142.

that her child may fall a victim to her frenzy." He distinguishes this form of insanity from that accompanying pregnancy, from that which follows delivery, and from that which appears during lactation. Dr. Hammond divides the puerperal state into three periods, the first beginning with conception and ending when labor begins ; the second beginning with labor and ending with the cessation of the lochial discharge ; the third embracing the time during which the mother nurses the child. He then says that it is during the period of labor "that puerperal insanity is most apt to be developed. It usually occurs during the first two weeks, sometimes during the process of delivery, again a few hours after the birth of the child, or it may be delayed for a month." He further says that it may take the form of acute mania or one of the varieties of melancholia, the former being much more frequent.

Dr. Fordyce Barker, speaking of the "delirium of labor," cites a case coming under his own observation. He says : "The patient, a lady of high culture and remarkable good sense, without the slightest hysterical tendency that I have ever been able to discover, awoke about five in the morning, near the end of her first pregnancy, shrieking : 'I am drowning? I am drowning!' and jumped from her bed. The nurse, who was sleeping in the hall bedroom adjoining, with the door standing open, and the husband, who occupied the back chamber, rushed in and found her tearing about the room in the most frantic manner, screaming incessantly, without listening to a word said to her. I was immediately summoned, and living very near, was with her in a few moments. I had previously ordered chloroform in anticipation of her labor, but it required the united efforts of her husband, nurse, and the servants in the house to

hold her sufficiently quiet for me to bring her under the influence of the anæsthetic. I overwhelmed her with the chloroform as speedily as possible, and then on making an examination and finding an arm protruding from the vulva, I delivered at once a living child by turning. The after birth speedily followed, the binder was applied, and she was placed in a dry bed before she awoke. * * By my urgent injunction, no allusion to the incident of her first labor has ever been made before the patient, and she has often expressed her surprise to me that her only recollection of it should be that, on awakening, she saw her mother holding a baby."

Again referring to Dr. Savage, he says: "I myself saw a woman with a fully developed child in her bed, the mother having been delivered without any evidence of pain, so that although there were neighbors in the same house, the delivery took place without their knowing it; yet the mother herself said, and I believe truthfully, when I first saw her, that she did not know anything had happened." Dr. Barker further states that in this class of cases moral emotions are a great exciting cause. Social ostracism as a punishment for lapse from virtue adds to the terror of the situation in those whose condition publishes their shame.

This idea is also recognized by many alienists.

Charpentier states that moral causes are beyond question, and act both as predisposing and as exciting causes, particularly the latter; that sudden, violent emotion may immediately precipitate an attack of mania. Rocher, Berard, Esquirol and Weil recognize the same influence. Esquirol estimated the relation of moral to physical causes as four to one; Weil as twelve to six. This last consideration becomes especially important in cases of infanticide following seduction, or the birth of

an illegitimate child. The situation under such circumstances must assume an importance in the mind of most females almost, if not wholly, impossible to imagine. Dr. Clouston declares that the shame and mental distress usually attending the birth of illegitimate children make it twice as common then as after the birth of legitimate children. Dr. Spitzka also speaks of the greater frequency of this condition in the mothers of illegitimate children than in others.

Indeed, it can hardly be necessary to quote authority for such a conclusion, after becoming familiar with this phase of insanity.

Without further inquiry as to scientific opinion, let us glance at the conclusions which we may safely rest upon after the examination which we have already, though briefly, given our subject.

First. There is an undeniably close relation between the sexual organs and the mind.

Second. During the period of pregnancy there is great physical disturbance, which may and in many cases does disturb the mind, and cause well-marked insanity.

Third. This mental disturbance may appear at or just after labor.

Fourth. Moral causes greatly increase the danger; hence, in mothers of illegitimate children, we may expect its occurrence.

To resume, it is generally agreed that the peculiar symptom of this phase of insanity is that of aversion to the child. Dr. Hammond states that the first peculiarity of this form of insanity "is such a change in the natural instincts of the mother as to cause her to acquire a feeling of the most determined aversion to the child of which she had just been delivered."

He cites a case which Esquirol, in pointing out that

the murderous tendencies of the puerperal maniac are not due to a desire which might exist of concealing the birth of a child, from shame or other motive, refers to where a young woman, who, being pregnant, made no secret of the fact, but got ready for her labor and prepared the clothes for the child. The evening before her confinement she appeared in public. During the night she was delivered. The following morning she was found in her bed, but the infant was found in the water closet mutilated with twenty-one incisions and punctures from some sharp instrument—probably a pair of scissors. Shortly afterwards she was arrested and carried on a stretcher a distance of two leagues from the house in which she was confined. During the journey, she talked deliriously, and appeared not to know for what she was arrested. Several days subsequently she acknowledged her crime but refused to eat.

He mentions several other instances coming under his own observation where violence has been attempted by mothers upon their children, saying that in every case the patient has exhibited an active aversion to the infant, or a passive indifference wholly at variance with the maternal instinct.

Dr. Savage says “with puerperal insanity there is commonly a dislike to both husband and child; there being in one case a nervous irritability which prompts the mother to get rid of the crying child which disturbs her rest; or, on the other hand, she may not believe the child is hers at all, or she may think its birth has alienated her husband’s affections. * * * She may have some delusion, fancying that the child will be starved, or that it is already suffering from serious ailment, or she may kill it simply to send it direct out of this world into a happier state * * * A *mania transitoria* may

arise suddenly and pass off as quickly, * * * in which she may cause damage to her child. * * * Medico-legally speaking this condition is of great importance, because during this period of excitement the mother may commit infanticide, and not only be guiltless, as far as responsibility is concerned, but may not have the smallest recollection of what has taken place. * * * In all these cases, the murderous act may be done without premeditation, and with little or no recollection of what has happened."

Dr. Barker says that a sudden aversion is displayed towards those who have been before best loved. Charpentier that there may be excitement with ideas of murder and hallucinations or paroxysms of furious mania.

We are now prepared to form another conclusion which is:

Fifth. That mental disturbance in these cases is likely to result in infanticide.

Again we say, that scientific opinion is only necessary to *confirm*, and not to form, these conclusions. Daily observation shows us this intimate relation between mind and body; wider observation and more information show us that this relation exists most intimately between the organs of generation and the organs of the mind; hence the necessary conclusion that in this great *physical* change and disturbance there must be *mental* change and disturbance, and that physical disturbance arising in the locality most intimately connected with the mind, the mental disturbance must be proportionately great, especially when exaggerated by emotional and moral causes.

In the light of the foregoing discussion, what have we but at least the probability that in cases of infanti-

cide by mothers at this period, the act is the result of an insane mind. If insanity is evidenced by lack of harmony with the patient's self, if she is to be considered sane or insane with reference to herself, if her sanity or insanity is to be measured by differences or changes of habit, taste and disposition, if it is to be determined by inquiring if the individual peculiarities of mentality are directly at variance with the average workings of the human mind, or with her own normal methods of mental action, then, indeed, we shall have no foreboding of error in our conclusions. For what can be more at variance with the certain instincts and disposition of a mother, or with the average workings of the human mind, than the act of infanticide

Dr. Savage has well expressed the idea in saying that "the law, rightly, in this particular, looks upon the *crime itself* as sufficient evidence of the insanity; that a loving mother should destroy her offspring is unnatural and unreasonable, and ought not to be considered as an act for which she can be held responsible."

While it might be claimed, still it is not the argument here, that there *can* be no such thing as premeditated infanticide by a mother, but that the *improbability* of the crime, the situation and condition of the mother, the *great probability* of mental disturbance, and all the conditions discussed, should call for the utmost caution and the greatest hesitation before arriving at the conclusion of criminality, and especially so when the only evidence of the crime is the concealment of the birth or the discovery of the dead body of the child, even with marks of violence upon it.

It is, therefore, the desire of the writer that this paper may, perhaps, accomplish something in the direction of more careful investigation in this class of cases, and

more ready appreciation of the fearful crisis which precedes infanticide, and, to those whose attention has not been particularly called to this class of cases, a clearer understanding of the mental condition that in most, if not all cases, makes such an act possible.

*BELGIUM AND HER INSANE INSTITUTIONS.**

BY CLARK BELL, ESQ.

President of the Medico-Legal Society of New York.

Belgium is a country usually spoken of as the most densely populated of any portion of the globe, unless some portions of Java be excepted (which are rarely alluded to by the statistician).

A country about the size of the State of New Jersey, in the United States of America, having an area of 11,373 square miles, or 7,278,968 acres of land, and in 1880 a population of 481 souls to the square mile. She is the sixteenth of the European States in area, being only about one-eighth the size of Great Britain, and the eighth in population. She has had a very eventful political history, but the Belgium of to-day is the creation of our present century, and is probably one of the freest, and best governed of the limited monarchies of the world. The Belgians differ from any other people I have ever visited in this : that they seem as a nation to be entirely satisfied and contented with their lot. There is little or no emigration to the United States, or to any portion of the world from Belgium. They are a thoroughly careful, economical, industrious, prudent and thrifty people, and perfectly contented with their homes and their country. While we meet occasionally in the great cities of the world, London, Paris, New York, Berlin and other great centers, a

* Read May 8, 1889 before the Medico-Legal Society. This paper received honorable mention from the Committee of Award of the Medical-Legal Society among the prize essays of 1888.

few enterprising Belgians, in trade and commerce, it is very seldom we come in contact with them in any capacity whatever outside of their own country, and we must needs study them at home.

Belgium is a level country, very much like Holland, especially that portion lying on the northeastern border, but it is more hilly, in that region upon the confines of France. It had over five million and a half people in 1880, to be exact, 5,519,844.

It has a million more people than all the New England States combined, although it is smaller in area, than any of the United States, except Rhode Island. It has nine provinces—Antwerp, Flanders, Hainault, Nameur, Luxembourg, Liege, Limburg, and Brabant. The principal rivers are the Schelde, the Meuse and the Yzer, all navigable, the former 108 miles, the Yzer 115 miles, and the latter 26 miles. The North Sea washes its northwestern coast, and while it is only 174 miles from Ostende, the northernmost city, to Arlon in the extreme southwest, its greater frontier line adjoining France, is 384 miles and its greatest breadth if from north to south 105 miles.

I have passed over Belgium twice—always in the season of the harvest—(July and August). It is a country that is cultivated beyond, and higher, than the average of the European States—for example, in England, where farms are cultivated to a much higher degree than with us—Lincolnshire for instance, I have known land to rent for \$12.50 per acre. In Belgium farms rent for \$22.00 per acre. The average rental of English farms is from \$6.00 to 9.00 per acre. That of Belgium farms is from \$15.00 to \$22.00. The Belgian farmer frequently expends \$6.00 to \$9.00 an acre in manures. The average price of the Belgian farm lands is about \$400 per acre, but

farms run as high in price there as seventeen-hundred, and two thousand dollars per acre. The cultivation of the Belgium farms greatly excels, and their lands sometimes double in products, the English farms. The great Belgian product is rye. We see enormous quantities, growing in the fields, and it is largely eaten by the people. The farms of Belgium are almost all small, extending back a long distance from the highways in narrow strips, without fences. Many farms in Belgium are not wider than fifty to one-hundred feet: they are all in small divisions, and often extend long distances, very narrow in width. Upon this portion or strip of land, one part is cultivated to one crop, and another to another; the work is done almost wholly by the women, excepting ploughing and gathering some portions of the grain.

Of the 6,582,120 acres of cultivated land there are 744,000 farms, or an average of less than nine acres to a farm. One quarter of all Belgium's population is devoted to agriculture, and of every one hundred workers on farms, sixty-one are women. Of these farms, only 80 per cent. exceeds 8 acres in extent; 71½ per cent. do not exceed 25 acres; 36 per cent. do not exceed 13 acres and 56 per cent. do not exceed 2½ acres.

Let me describe the Belgian farm-house to show how we must judge Belgium regarding its methods of treatment of the insane. Belgian farm-houses are usually one and a half stories in height. Imagine a long house, cut off a room at one end, the place where the family live, and take their meals, with one spare room at extreme end; the middle room is the kitchen with its fire-place, 10 or 15 feet wide. In this fire-place swings an enormous crane, and hanging upon this a kettle, with a capacity of one, two or three bar-

rels, depending upon the standing and responsibility of the family. In most houses a little railway, on the ceiling above, is operated by a chain, running down to this kettle, so that the housewife can run the kettle like a car around through the door, entering the part of the farm-house where the animals are kept, in the same house and underneath the same roof. On one side are the cows (and sheep if they are able to keep them), and on the other side are the swine (no horses), these are kept elsewhere and are usually attended to by the men. This large kettle is used for cooking the food which the animals consume. They are kept in their stalls. The people live without exception, even the Mayor of the towns, in this way, and in most cases, the animals are under the same roof where the family sleep, under the care and charge of the women, and this universal condition of family farm life, must enter into the subject of which I am to treat, to judge of it properly.

The women of Belgium, are, as a rule, healthy, happy and contented. They do not seem to be subject to the diseases, and especially those weaknesses which affect the women in America. Whether this is due to the laborious life they lead, especially their out-door work, in the field upon the farm, others may answer, but it is an undoubted fact. All the work of taking care of the animals (excepting taking care of the horses) is done by the women. The planting and principal cultivation of the crops, is also largely done by the women. Such a thing as a mowing machine, or a reaper is rarely to be seen in Belgium, or indeed any of the improved modern agricultural implements, in universal use with us. The reason is obvious. It would not pay the Belgian farmer to buy a reaper for the cutting of so little grain, as he raises, and on so small a piece of ground as he cultivates.

The rye is cut very close to the ground, with an implement different from anything I ever saw used at home. The article of pork, the famous Westphalian hams, are sold here for two francs per pound, and cannot be bought cheaper. A fine hog brings \$40 to \$50; pork is the most expensive of all meats; beef costs a little over a franc a pound. This enormous population, which is more than one quarter farmers, raises the food which the people of the whole country eat, and the Belgian peasant rarely eats meat, except on fete days and holidays.

The government of Belgium is a limited monarchy, where the people elect both houses of the legislature, the Senate and House of Representatives, and no law can be enacted unless the bill is signed by the Minister of State. The people of Belgium rule that country as substantially and completely, as do the people of Great Britain and more than those of Germany. The Belgian laws are carefully prepared, kept and enforced, and it would be impossible to infringe upon the rights of the people; their position is too secure.

There are nine political divisions or subdivisions, which have each a separate government and a separate and distinct set of officials, who govern in all local affairs, including eleemosynary institutions and insane asylums, which are under the direct supervision and management of the general government at Brussels.

Belgium has more miles of railroad probably than any other country in proportion to its size. Almost all these railroads have been built and are owned by the Government. I think their system of railroads the best in the world; and I will explain why. In the first place there are three kinds of trains, the first, second and third class, with prices regulated by the Government accordingly.

There is no such thing as a high price ; if you should take a first-class train on the most expensive lines, it would still be very cheap, as compared with other countries.

There is a system of trains also divided into first, second and third class, that go at slow speed, about 20 or 25 miles an hour, at about half the price of trains going at higher rates of speed ; there is still another faster series, where the price is about one-third higher, called the express. While they have the continental system of passenger cars, there is frequently an arrangement by which you can pass through the cars in motion, and where they are not shut off from the others, as in England and France. The post office and telegraph is also managed by the Government in Belgium. If there is one thing studied more than another, in all departments, it is the economy of the management, its practicability and cost ; everything is submitted to, and governed by that test.

THE INSANE.

The care of the insane is a growth, of the work as done by institutions, founded in early times, on religious principles. As we think of them now and criticise them, we must consider this, and regard them from that standpoint. The present government took hold of these institutions, not, perhaps, as they would now make them, but as they found them, and upon this as a starting point built the present system of asylums and Colony management of the insane as it to-day exists in Belgium.

In this population of five million and a half of souls, there are at present about ten thousand insane people ; which is not very far from the proportion of the insane in the United States. The best statistics

I have seen, are based upon the census of 1880, which would put the insane of the United States of America at 91,997, of which 40,942 were in asylums, excluding idiots. They are not classed under our system as insane, but as our defective population, with the blind, deaf and dumb, into four distinct classes by our census. There is probably over sixty millions population in the United States at this moment, and within our borders, 100,000 insane if calculated by the law of probabilities, that has hitherto held in the increase in our population, and the relation the insane bear to it, so that the relative proportion of the insane in the two countries, Belgium and the United States, is very much alike, but there is a very great difference in their condition.

Now, while I say that the Belgian people are contented with their own country, it cannot be said of Americans that they are contented. We do not care to live in the same house and village where our grandfather and grandmother lived; we are more nervous, more ambitious, more aggressive, nomadic, restless and agitated than the Belgians, and that may have its influence on the insane—there in the one direction—and here in the other. The insane institutions of Belgium may be divided into two classes, the public and the private. Of the former, that at TOURNAI; that at AVERRE, near BRUSSELS, under DR. VAN VAUF; the HOSPICE GUISLAIN AT GHENT; for females, at MONS; the Asylums at ERPIDMONT; at COURTNAI, and that most noted of the latter and private asylums, that of SHAERBECK, near BRUSSELS; that of RICKEL, near BRUSSELS; ST. JULIEN INSTITUTE at BRUGES and ST. MICHAELS; ST. DOMINQUE at BRUGES; the two women's hospitals at Ghent and a similar one for males—a notable one—which with others making in all forty institutions for the insane, upon the

authority of the official report of 1881. I will speak first of the most celebrated of these two institutions, the HOSPICE GUISLAIN. In the first half of the present century, when men all over the continent of Europe began to think of what could be done for ameliorating the condition of the insane, while the elder TUKE and CONNOLY in ENGLAND and PINEL in FRANCE were doing what they could there, for these unfortunates, there was a man in BELGIUM of great character and breadth of view, with a grand soul a lofty and humane spirit--JOSEPH GUISLAIN, who was at the head of this HOSPICE GUISLAIN at GHENT. He did for Belgium what PINEL did for France, what the elder TUKE and CONNOLY did for England, and he laid the foundation for this hospital, on the new basis or theory upon which the insane were to be treated--by the law of kindness and love, and not by the system of blows, or brutality or driving, or punishment or force. Last year a statue was erected to his memory in the city of GHENT (1887), to which men of almost every nationality contributed, and to which the BELGIAN Government gave a little; the cost made up from many sources. The MEDICO-LEGAL SOCIETY of New York sent twenty francs, and individuals from all over the world sent twenty francs and more; and in July, 1888, in the city of GHENT, a statue was dedicated to the memory of that marvellously good and humane man, who led the movement for ameliorating the condition of the insane of his country, and who placed the practical work on a nobler basis, on a higher status than it had hitherto been.

I particularize what impressed me, as the result of my observations, of the means which have contributed to bring about these results in that country.

I have said that the care of the insane had been origin-

ally given altogether to the religious organizations. BELGIUM is different from all other countries in the world in that respect ; there are no religious organizations in Belgium but Roman Catholics ; there are only 15,000 Protestants and 3,000 Jews ; the whole country is Roman Catholic or almost entirely so. The Romish Church has been, and in some respects is now the custodian, and in its hands are placed the destiny of the insane of that kingdom. At the HOSPICE GUISLAIN, and at TOURNAI, which is the largest and most costly of all the insane asylums, the same system prevails.

At the Hospice at TOURNAI, Dr. Lentz, an eminent alienist of that country, is in charge as Medical Superintendent.

His brother is chairman of the Lunacy Committee of the Belgian Government just formed, and attached to the Attorney General's office at Brussels. The houses are built in the most approved method, and in the most complete and elaborate manner of any institution in the kingdom. The Belgians of Flemish descent speak frequently Flemish, French and English ; those in the Northeast speak Flemish, and others living South speak French. Dr. Lentz was one of the latter. I found he was unable to speak English, but I found an interpreter in his institution in Brother Rudolphe.

There is a religious order of brothers called the Brothers of St. VINCENT DE PAUL, a Roman Catholic Society of Brotherhood, who have taken the vows of chastity, poverty and obedience. They form an organization which is very strong, powerful and wealthy. At TOURNAI, where I first stopped, Dr. Lentz told me frankly their relation to the BELGIUM INSANE ASYLUMS. I was introduced to the Brother Superior at TOURNAI, and to the leading members of the order. These brothers

make a contract with the BELGIAN Government, by which they agree to take the whole care, charge and maintenance of the insane, in every respect except medical supervision and attendance. Our physicians will be surprised at this, but it is a fact. DR. LENTZ has very little, almost nothing to do, with the administration of the asylum ; he is simply a medical man, who takes care of the sick, the Medical Superintendent, but the clothing, the food, the care, in every other particular relating to the insane is done by these brothers. When I found this out, I thought best to study the brothers and their management. So I stopped with them, lived with them, ate at their tables and slept in their rooms. Each of these men acts in some capacity ; for instance, one of them is cook, one of them has charge of the farm, superintending the grain, crops, etc. They have lands which they work, and work them just as carefully and thoroughly as any farm is worked in Belgium. They kill their own cattle, they buy nothing from butchers, and they do nearly all their own work of all kinds.

The price the government pays for the taking care of the insane is 96 centimes, not quite one franc per day. The Belgians pay not quite 20 cents per day our money for the care and maintenance of their insane per capitum, exclusive of the expense of the buildings and the salary of the Superintendent. Neither DR. LENTZ at Tournai, nor DR. MOREL at Ghent had any assistant physician, in these splendid establishments, and the salaries were not one quarter what they should be, or like salaries are, in ENGLAND, FRANCE or the UNITED STATES. The patients have good care, have all they want to eat, and are well cared for. Such a thing as abuse of, or cruelty to the the insane, such offences as we have been investigating in New York city (1888), could not be possible in BELGIUM.

There are no hired attendants ; these Christian men devote their lives to this splendid work. I saw a brother nearly ninety years old at the HOSPICE GUISLAIN at GHENT, who had from his childhood been in that service. He was the friend, companion and co worker of GUISLAIN ; he had worked with DR. B. C. INGELS, and won and wore, the decoration of the Legion of Honor on his coarse black gown.

They employ help only in some of the heavy drudgery of the institutions. All the mechanical work is done here in the Hospice. One of the Brothers was at the head of the carpenter's shop ; he was an adept, and could do very fine work ; all the patients, who had done that work were placed there, and some that had no trade ; all repairing was done there. There was another Brother who was a tailor ; another had charge of the floral department. I will say that in no part of the world that I have visited, is there such splendid attention given to flowers and floral effects, and to the gardens, as here. Profusion of flowers abound in the beautiful corridors, built of marble, glass and iron, all cared for by the brothers propagated and grown on the place, so instead of the wards being white, blank and disagreeable, as many of our own are, they were home-like, bright and pleasant, and glorified with beautiful color. Off the wards were gardens enlivened by foliage of plants, shrubs and flowers, and wild fowl of various kinds, which are sometimes considered untamable, were here breeding ; wild quail, and partridge with their young. I do not think they were tame, but there was some system of cutting the bones of their wings, so that they could not fly, and these gardens were accessible to the patients during the day. I saw only one man under restraint at Tournai. I went into a ward in company with

Dr. Lentz, I saw this man with a strap over his hands. I said to the brother, "Why do you have that man's hands strapped?" "He is inclined to be violent," he replied. "What will he do?" I asked. "He might do some damage," was the reply. "Please take off the strap, and see what he will do I said, we are all here, you are not afraid of him, and I certainly am not afraid of that little fellow." "Take off the straps and see what the effect will be." When the straps were taken off he looked dazed, hesitated, looked around at the brothers and at us, but was pleased and delighted. There was no apparent reason for his restraint, or rather no good reason. It simply saved trouble in looking after him. Two brothers were in each ward and in charge.

THE HOSPICE GUISLAN.

At the head of that asylum is Dr. JULES MOREL, a most charming man, as Medical Superintendent. He had invited me to dinner and had invited people from Brussels to meet me, besides his wife and some relatives. I was introduced to the Brother Superior there, Brother HILDOUARD, whom I found could speak English very well. Through him I learned more than I could in any other possible way about the relations of the Brothers to the Insane Asylums of Belgium.

HOSPICE GUISLAN is one of the oldest of the asylums of Belgium. It is like a home or great family; nothing dismal, plenty of light, plenty of air, and such a look as one likes to see. The walls are pierced both ways with apertures so that the patients could look out into the fields; everywhere GUISLAN had opened these look-outs through the walls. High walls surround the place, as also at TOURNAI. The whole feeling of the place is free, nice, warm and cheerful. Dr. MOREL was in very

fine relation with the patients. They all seemed to regard him as their best friend. It is a very common thing in asylums in this country, for patients to have the idea that the doctor is an enemy. The doctors in this country frequently find that the patients have a great personal antipathy to them. DR. MOREL seemed to have the most perfect confidence of his patients, whom he could control and handle like so many children. Whether it is the idea of obedience, natural to the people of that country, or whether it is different in this country, because we must know the reason for everything, I do not know ; but in this asylum his word seems to be the law, and the feeling was very different from what we observe so frequently at home in our asylums.

I examined the cuisine, and into the arrangements for the care of the insane, and I fully believe that the Belgian insane are well fed, clothed and cared for ; that they suffer in no way by deprivation from all they ought to have, their food is well cooked and well selected—little of it bought—and a system of gentleness and kindness is maintained in the discipline, care and management. I, who am a Protestant, and not a Catholic, and with little sympathy for their religious views or belief, desire to express the greatest admiration for these Brothers, who devote their lives to this peculiar and beneficent work, and I should be glad if we could imitate such attendance in our American Institutions.

GHEEL.

In the first place, Gheel is a district about twelve miles long, of irregular, triangular shape and width, containing a population of about 11,000 people. That colony has existed for probably more than a thousand years ; we don't know exactly when it was planted. Tradition

tells us that the colony was founded about the year 600 A.D., from an incident which occurred at the death of ST. DYMPHNA; all are familiar with this tradition—it came to be believed that contact with her relics would cure the insane. The belief arose about a thousand years ago, and they have built a church there and have her bones preserved as relics.

GHEEL became the MECCA towards which men for many centuries sent their demented for relief, and where they have found it in thousands of well authenticated cases. Families lived around this church who make application for the care of the insane, and to them applications have been made from all over the world for centuries. These people have been reared for a thousand years, from father to son, from mother to daughter, trained by long inheritance to take care of the insane, just as a farmer teaches a son to take care of a farm, or as the watchmakers of SWITZERLAND have preserved their art in their families. There are about 5,000 inhabitants in the village of GHEEL, the centre of the colony. No business is done here, no industry of any kind, unless drinking rum is a business. I do not think rum drinking is a specialty at GHEEL. It is a peculiarly popular thing in Belgium universally. If GHEEL escaped, it would be a marvel, if not a miracle, but we must not condemn GHEEL or its system for its rum drinking, which is universal in BELGIUM.

Almost every family that has a home takes charge of these insane people, and they take one, two and three patients and have the whole charge of them—the whole responsibility. They feed them, clothe them, see that that they get up in the morning and go to bed at night. If they require special care they furnish it; they live simple lives, in the same simple house at Gheel as the

peasant lives in, the same farm house and farm life of Belgium, they live just as the Belgians live. This is not done without medical supervision, and of the best kind.

There is an asylum at Gheel, where there is a superintendent who also has charge of the whole colony. Patients first go into this hospice or asylum, which is under the charge of Dr. Peeters. They are under the observation of the medical superintendent and local board, who, when occasion offers, transfer them into the house of A, B, and C, where they remain as patients, and members of the colony. There are three different prices paid for the patients—eight, nine and twelve cents per day. Twelve cents, English money, is paid for those called the dirty patients, those who are the most troublesome, and who can not take care of themselves. The Government recognizes this by paying the highest price for them. The highest price paid for private patients is \$200 per year. There were 1,800 people in that colony in 1865, and since that there has been 1,600 to 1,800 at a time. Living is very cheap. Everything is on the style of the life of the peasant; what the peasant does the patient helps to do, and the peasant takes his patient with him, if able to work through the day. The Belgian works often in the night over hours. You see in these great pictures of Millais, women coming home in the evening, or going out to work before the day breaks. Dr. Peeters complained of this to the Government—that the people and the insane often were working too many hours; he said it was impossible to regulate this; the Belgian people will work in this way. But is it any worse for the insane than for the people? I quite agree with the Belgians as to the beneficence and utility of Gheel. All Belgians speak in the highest terms of this colony and in praise of this system, and I believe and concur with them fully.

I never conversed with an alienist in Belgium who had any doubts of the good results of the colony at Gheel. The reason Dr. Tucker found such fault was that he visited the place in December : it was raining and freezing ; the streets of a country village are not made the same as in great cities. There was a great deal of rain there, and he said he saw the insane crouching around their miserable fires, which any one would do under similar circumstances. But I think the insane there are just as happy and are as well cared for, fed and clad as are the people of Belgium of the same class. I persuaded Brother Hildouard to accompany me on my visit to GHEEL and I am under great obligations to him for showing me much of the work there, that without him I could not have seen or at all understood.

The Belgians are a well-to-do people who live frugally, and who live as the Holland Dutch formerly did, from whom our most aristocratic New York City families come. The grandmothers of our Knickerbocker aristocrats took care of the kettle, fed the pigs and cows, precisely as the women of the Netherlands do now, and this is how they get their peculiar appearance, which characterizes physically the Knickerbocker Dutch here, who are of the same type in our city, as in Belgium, and look exactly like their New York descendants in many respects.

We have in the State of New York six large State institutions for the insane—Utica, Auburn, Middletown, Willard, Binghampton and Buffalo. Recently the question came up of building another asylum in the North, and it takes a million of dollars to do this. We have only our proportion of population, five millions and a half. What is the use of building so many asylums, with the example of this colony at Gheel before us ? And why should we not consider how many of our insane could be trans-

ferred into families, upon farms, where they can have outdoor exercise, labor, and occupation combined with it ?

I asked Dr. Blumer, the present superintendent at Utica, what proportion of his patients could be so placed without danger to others or themselves ; he said about 70 per cent. of his patients could be so removed with safety, so far as any probable damage would be done to themselves or others. I think he was correct, and I think other American superintendents, if questioned, would give similar answers. Massachusetts has passed laws allowing the experiment to be made in that State, authorizing the authorities to place insane in families who would take care of them under proper supervision for a fixed price. If people are willing to take them, let them have them. I would not think of putting an insane person with a farmer, or with any one without medical supervision.

There is a feeling among the insane, confined in asylums, which stands in the way of recovery ; that feeling which a man has, that he cannot get beyond a certain boundary line—that he is a prisoner. He hears the rattle of keys and clang of bolts and bars ; this agitates and excites him, and retards recovery.

I believe there has been only one case of crime by the insane in Gheel in 11 years, only three or four illegitimate births, and only one case ascribable to a lunatic ; there has been only one offence against the public peace in 10 years, and there has been no crime among them anything like the percentage of crime in the United States. These things ought to be regarded. We should consider them. Ought we not to make the experiment, even if we have asylums ? Take for instance, the case of a harmless, demented old lady, afflicted in a certain way, chronic, incurable, but harmless, why keep her in

an asylum, if she could be made happy and comfortable on a farm at less expense ?

The relation of the religious orders to the insane in Belgium is peculiar and phenomenal. In 1886, the latest statistics accessible to me, there was a great number of religious houses in Belgium whose inmates spend their lives in pious work. In that year there were in Belgium, 178 of these houses for males, and 8,144 for females. The population of the former was then 2,991, and the latter 15,205. In many of the Belgium asylums these women have the insane in charge.

I find it very difficult to give an estimate of the actual number of the insane in Belgium and their disposition at this time. The latest official reports of Belgium furnished me by Dr. Lentz, Director-General of the Department of Justice, and now Inspector of Insane Asylums of Belgium, whom I met in Brussels in 1887, were published in 1881, and were to 1880.

The Bulletin of the Society of Mental Medecine of Belgium for 1886 (3 fascicule No. 42, pp. 104 and 105), furnish a tabular statement which I append as doubtless reliable at that time :

INSANE ASYLUMS OF BELGIUM (1885.)

[illegible]

INSANE ASYLUMS OF BELGIUM (1885.)—*Continued.*

NAMES OF ASYLUMS.	LOCATION.	NAMES OF DIRECTORS.	NAMES OF DIRECTORS.	MEDICAL SUPERINTENDENTS.	VISITING COMMITTEE.	POPULATION.			
						Board's		Poor.	
						Males.	Females.	Males.	Females.
Hospice Guislain	Gand	Van Langendork	.....	De Moerloose	.....	14	.....	480	...
Establishment Freres St. Jean de Dieu	"	.....	.....	De Craene	.....	60	.....	400	...
"	St. Annez	Baelen	.....	Mabilde	.....	60	60	150	300
"	Coutrai	Van Vyneht	.....	Authennis	.....	25	.....	400	...
"	Seczate	Vanden Brent	.....	"	.....	60	60	60	90
"	St. Nicolas	Klaes	.....	Wibo	.....	60	60	60	60
"	Lede	Peeters	.....	Droesbeque	.....	50	50	5	5
"	{ Velseque	Beerens	.....	Duham	.....	10	10	45	45
"	{ Rudewarde }	Sebrechts	.....	Leclercq	.....	32	32	.....	.....
"	Tournai	De Coster	.....	Dentz, Med. Dir.	.....	10	10	135	.....
"	Wez Velvain	Paey	.....	Semal	.....	74	74	105	105
"	Chievres	.....	.....	Closset	.....	20	20	110	110
"	Tournai	Mons	.....	Auten	.....	70	70	100	100
"	Liège	Pres. des Hospice	.....	Henfing	.....	30	30	.....	.....
"	"	Candeze	.....	De Bruyn	.....	100	100	350	350
Asile St. Agathe	Glain	Houben	.....	Gombault	.....	50	50	200	200
"	{ Henri- Chapelle }	Vanduthaeghen	.....	.....	.....	.....	.....	.....	.....
"	St. Trond	.....	.....	.....	.....	.....	.....	.....	.....
Establishment des Alienes	"	.....	.....	.....	.....	.....	.....	.....	.....

This table was made by M. Oudert, late General Superintendent of the State Institution of Belgium for 1885.

Dr. Peeters Medical Superintendent of the Colony and Asylum at Gheel, published in the same journal (No. 41, 2 fascicule pp. 18, *et seq.*), the population of that colony for 1884 and 1885 as follows :

December 31, 1884, number of insane, 1727

“ 31, 1885, “ “ “ 1581,

having sent some in the latter year to the new colony at Liernieux—and to other institutions—and made the following general summary for December 31, 1885, at GHEEL :

	MEN.	WOMEN.		MEN.	WOMEN.
Boarders....	95	46	Curable.....	12	20
Poor.....	684	755	Incurables...	78	781
	780	801		780	801

1. The insane in the United States, based in compilations from the tenth census showing the ratio, and per cent. of each State and Territory to population :

2. Total insane in the United States in 1880 :

In asylums.....40,942

Out of asylums.....51,055

Total.....91,977 excluding idiots.

GENERAL RATIO.

Male, 17 per cent.

Female, 19 per cent.

Colored, 9 per cent.

White, 19 per cent.

Native, 15 per cent.

Foreign, 39 per cent.

Total, 18 per cent.

Also the insane in United States, based on the tenth census, in the ratio to population.

RANK.	STATE.	PER CENT.
1	District of Columbia.....	52
2.....	Vermont.....	30
3.....	New Hampshire.....	30
4.....	California.....	28
5	Massachusetts.....	28
6	New York.....	27
7.....	Connecticut.....	27
8.....	Rhode Island.....	24
9	Maine.....	23
10.....	Ohio.....	22
11.....	Oregon.....	21
12.....	New Jersey.....	21

RANK.	STATE.	PER CENT.
13.....	Missouri.....	19
14.....	Pennsylvania.....	19
15.....	Wisconsin.....	19
16.....	Washington.....	17
17.....	Indiana.....	17
18.....	Michigan.....	17
19.....	Kentucky.....	16
20.....	Illinois.....	16
21.....	Virginia.....	15
22.....	West Virginia.....	15
23m.....	Iowa.....	15
24.....	Missouri.....	15
25.....	Tennessee.....	15
26.....	Montana.....	15
27.....	Minnesota.....	14
28.....	North Carolina.....	14
29.....	Delaware.....	13
30.....	New Mexico.....	12
31.....	Alabama.....	12
32.....	South Carolina.....	11
33.....	Georgia.....	11
34.....	Louisiana.....	10
35.....	Utah.....	10
36.....	Mississippi.....	10
37.....	Kansas.....	10
38.....	Nebraska.....	9
39.....	Arkansas.....	9
40.....	Texas.....	9
41.....	Florida.....	9
42.....	Dakota.....	5
43.....	Arizona.....	5
44.....	Colorado.....	5
45.....	Nebraska.....	4
46.....	Idaho.....	4
47.....	Wyoming.....	1
Total insane in United States.....		91,997
In asylums.....		40,942
Out of asylums.....		51,055

1880

Insane.....	91,977
Idiotic.....	76,895
Blind.....	48,928
Deaf Mutes.....	33,878

 251,698

NOTE.—I wrote to Dr. Jules Morel for later data, who was unable to send me official reports, which he expected next year (1889), from 1880 to 1886. If published I have not seen them.

In compliance with my request, Dr. Jules Morel sent me the following table under date of August 12, 1883, which may prove of interest.

TABLE OF INSANE ASYLUMS OF BELGIUM, COMPILED BY
DR. JULES MOREL, MEDICAL SUPERINTENDENT
OF HOSPICE GUISLAIN, AT GHENT,
AUGUST 12th, 1888.

LUNATIC ASYLUMS, LOCATION.	SUPERINTEND'TS.	INMATES.				PUBLIC OR PRIVATE.
		Boarders		Poor.		
		Male.	Female.	Male.	Female.	
Hospice Guislain, Ghent.	Dr. Morel	20	....	474	....	Public.
Rue Court des Violettes, "	Dr. Vermeulen .....	....	....	....	270	Public.
Rue d'Oessant, Ghent....	Dr. Vermeulen .....	....	90	....	....	Private.
" Le Strop "	Dr. Vermeulen	90	....	....	....	Private.
St. Jean de Dieu, "	Dr. De Moerlone..	14	....	....	....	Private.
Asylum at Courtrai.....	Dr. De Craene ...	60	60	150	300	Public.
Selzate.....	Dr. Mabilde.....	....	....	400	....	Public.
St. Nicolos. ..	Dr. Authennis.....	....	60	....	90	Public.
" "	Dr. Authennis....	25	....	60	....	Public.
St. Lede.....	Dr. Wibo.....	....	60	....	60	Public.
Velseque.....	Dr. Piens. ....	....	5	....	50	Public.
Tournai	Dr. F. Lentz	70	....	600	....	Public.
Tournai	Dr. Duhem .....	....	10	....	45	Public.
Wez Velvain.....	Dr. Duheen.....	....	32	....	..	Private.
Chiéores.....	Dr. Le Clercq.....	....	10	....	....	Private.
Mons.....	Dr. Semal.....	....	94	....	405	Public.
Liege.....	Dr. Auten.....	....	....	....	100	Public.
Liege	Dr. Clossett.....	20	....	140	....	Public.
Glain.....	Dr. Auten.....	....	70	....	40	Private.
Henri-Chapelle....	Dr. Henfling.....	30	....	....	....	Private.
St. Trond.....	Dr. De Bruyn....	100	....	350	....	Public.
" "	Dr. De Bruyn....	....	50	....	200	Public.
Loreken	Dr. Vanneste.....	....	....	....	27	Public.

NOTE.—This table must not be taken to be complete for Belgium, as some asylums are omitted, as at Antwerp, Malines, Louvain, Alost, Menin, Bruges, Evere, Erp, Quebs, the Colonies at Gheel and Liernieux, and others, but it is undoubtedly reliable as far as it gives names and inmates.

THE CASE OF MRS. WILHELMINA C. D.
LEBKUCHNER.

BY MATTHEW D. FIELD, M. D., OF NEW YORK.

Mrs. Lebkuchner was indicted for the murder of two (2) children. It was shown that on March 21st, 1888, she administered "Rough on Rats" to three (3) children, two (2) of whom died.

I saw Mrs. Lebkuchner several times during the month of October, 1888, and from time to time until the trial in March, 1889. I may state that I was called upon to make three (3) reports.

First.—Capacity to plead to the indictment. Was she capable of comprehending the nature of the crime charged, and of aiding her counsel in the formation of a defence, if she had any?

Second.—What was her probable mental condition at the time of the commission of this crime?

Third.—After acquittal, to determine whether she be discharged or committed to an asylum.

FIRST REPORT WAS AS FOLLOWS:

Physical condition poor. Is thin and appears at least ten years older than she really is. Her pulse is 108 and irregular. She has anœmic heart murmur (*i. e.*, a false sound of the heart due to poor blood). Her circulation is feeble; the extremities being cool. She has an eruption on her face due to syphilis. She complains of numbness in right arm and leg; examination shows excited reflexes and slight loss of power on that side. She

complains of pain in her right side (abdomen), but much less than formerly. She states that she sleeps fairly well, and has an average appetite. While there is a very apparent indifference and lack of interest and she is without anxiety regarding her fate, little or no emotion, and no attempt to excuse or justify her acts, she is nevertheless rational, coherent, of good perception and rather remarkably good memory. She is free from illusions, hallucinations and delusions so far as a searching and thorough examination could determine. She makes no attempt to simulate insanity; on the contrary, she does not want the plea of insanity entered, and did not inform me when asked that she had a sister insane, though she knew that her sister was or had been at the Asylum on Blackwell's Island.

My conclusions are that she is now capable of comprehending the nature of the crime of which she stands indicted, and of aiding her counsel in the formation of a defence, if she has one, as far as her natural intelligence would permit under ordinary circumstances.

SECOND REPORT.—PROBABLE MENTAL CONDITION ON
MARCH 21ST, 1888.

To arrive at any satisfactory conclusion as to her mental state at the time when this deed was committed, it is necessary to carefully:

1. Review her life, both before and after marriage.
2. Her family history.
3. Her physical condition.
4. The circumstances leading up to the deed.
5. The deed itself. The manner of its execution. The time of day.
6. Her conduct after the deed.

7. The analogy and similarity of this deed with acts of the insane.

8. Were there rational motives for the commission of this deed?

9. Finally, was this deed the probable outcome of a diseased body and mind?

1. *She was born in Germany* some thirty-six years ago, and received a fair education, and in religion was brought up to attend the German Reformed Church, but for years has neglected all church duties. She came to America in 1871, and was employed as a domestic up to the time of her marriage on the 28th of November, 1877, when she married a man over twice her own age, and whose daughters were as old as herself. Her husband lost his money, and then started a saloon and became a drunkard. Her relations with his children were always unpleasant. By this husband she had two children and two miscarriages, and was again pregnant on the 23d of June, 1883, when he deserted her, leaving her nothing in the saloon but bills and notices of dispossession. She struggled to keep the saloon and pay off the debts and make a living for herself and her children. She sought to find her husband, but his children and other relatives deceived her as to his whereabouts, and gave her no aid. On September 1, 1883, she was compelled to abandon the saloon, and was with her two children and pregnant again upon the streets, without money, friends or home. On the 7th of September she applied to the Superintendent of the Out-door Poor, Department Public Charities and Corrections, and the Society for the Prevention of Cruelty to Children for aid, and on the following day her two children were committed to the care of the society. Her sister became insane and was taken to Bellevue Hospital, and on September 11,

1883, was pronounced insane, and on September 13, 1883, she was sent to the Lunatic Asylum, on Blackwell's Island. Mrs. Lebkuchner herself now fell ill, and on September 12, 1883, was admitted to Ward 11, Charity Hospital, where she was treated for syphilis. Christopher was born March 21, 1884. The above dates and facts have been verified by me from inspection of Records.

Her husband died October 8, 1884. For some time she lived with another man off and on, but was never married to him. He was also a drunkard, and contributed little or nothing to her support. By this man she had a child born in February, 1887. This child was placed in some institution. In the summer of 1887, she found herself again pregnant, and during the late fall or early winter she injured her right side while carrying a stove. Such was her life up to the winter of 1887 and 1888.

2. *Family History. (Heredity.)*—Maternal grandmother was insane. Mother died of consumption. Father was an intemperate man. Sister Annie, now an inmate of the City Asylum, where she was committed in September, 1883 (I gave one of the certificates upon which she was committed).

3. *Her physical condition was bad.* She is still in very poor physical condition, and from those who saw her before and soon after the 21st of March, and from her own statements, she was at that time in very much worse physical condition than now. The matron and others about the Tombs tell me that she was much depressed and confused when first received, and that there has been marked improvement since her child was born.

She was and still is suffering from syphilis manifested by an eruption upon her face and syphilitic disease of the brain is strongly suggested by the numbness, ex-

cited reflexes, and loss of power on the right side, and slight irregularity and inactivity of the left pupil. She was approaching the end of pregnancy, her poor physique was being taxed to nourish this coming and developing child, had the morbid feelings of women at such times, aggravated by lack of food, hard work, harrassed and crippled by the pain in her side, and believing that she would not survive her confinement, and that she would be confined on the 29th of March.

4. *The circumstances leading up to the deed.* We must not, in considering this part of the inquiry, lose sight of her physical condition as just cited. She was living in rooms for which she paid \$8 a month; was paying for a sewing machine by instalments of \$3 per month. Anthony was at the asylum, but in February she was notified to take him home or he would be sent to the West. Christopher was being boarded at twenty-five cents a day. Charley was sent to a day nursery when she went out to work, and for this she paid ten cents, and it cost her ten cents a day for car fares in taking him up and bringing him home, and then she allowed five cents for his supper, and this made twenty-five cents a day for Charlie. This made her monthly expenses (30 days) twenty-six dollars (\$26). This is \$1 for every week day, and not a cent was allowed for light, fuel or food. When she went out to work she received her food. This problem was always with her, and she says at night she would not sleep, thinking of what would become of them if it rained on the morrow and she could not work, for she could never make up for a day that was lost, and the expenses were all she could possibly earn, even if she could work every day. When the pain in her side got worse and she was unable to work, then she could not sleep. The officers of the

society came to the house to make inquiries about her, and she got the idea that she was followed by detectives (this statement is verified by Mrs. Vermilyea, of No. 626 Greenwich Street, where she was employed pretty regularly for some two years, and where she worked on Tuesday, March 20th). In February, when she was notified to take Anthony from the Juvenile Asylum, she was much depressed, and the idea of this crime first came to her, but she fought it off and things were better, and she could work more regularly. Anthony was sent home. She could not have him go West, because she had the idea that the West was a terrible place, and that there he would suffer worse than death. It was in describing what she thought the West to be that she displayed the only emotion shown during my interviews with her. On the 12th of March the "blizzard" came, and that week she could work little and was compelled to buy food and fuel, and everything was very expensive that week. She was compelled to spend the money she had been saving to pay the rent and the instalment on the sewing machine. She had promised to pay the rent on March 21st, and the woman called for the sewing machine money early on Wednesday morning (March 21st). The Friday before the crime she was sick and unable to work, and late in the afternoon she fell asleep on the sofa in her room and slept soundly, and when she awoke she found Anthony and Charlie looking at her and crying. When she asked them what was the matter they said they thought that she was dead. This made a great impression upon her, and she began to think what would become of them if she should die, and she believed she was surely going to die when the baby was born, for she had never suffered such pain before as she was suffering from her side. Now the idea of killing the chil-

dren and herself again came to her, and she told the little girl who came for the money for Christopher's board to bring him home to her the next night. She wanted all the children together that they might all die together. Saturday she was better and she was able to work, and on Sunday she took home some work and received a dollar and a half. She was brightened now and the idea left her. On Monday she could not work, but Tuesday she went to work and took little Christopher with her, but she suffered severe pain in her side, and in the afternoon was compelled to stop work. She took a car home, but on the way was very sick with great pain, and she had some discharge that soiled her clothes (says her petticoat would show this now if it could be recovered from her effects left at the rooms), and she believed that she would soon be confined. In this state she reached home; but she could not sleep that night; she "cried and prayed all night," and "she felt that it was best that she should kill the children and herself than that she should die and leave the children behind." This idea took possession of her, and she sent Anthony out for a box of "Rough on Rats." While he was gone the woman called to collect the sewing machine money.

5. *The Deed Itself.*—This was done in the morning, after a sleepless and troubled night. It was calmly and quietly done. She put all the poison in a pot of tea and made four portions, one for each of the children and one for herself. She did not take her own portion, because she might die first, and she was not cowardly enough to leave them to suffer without somebody to look after them. She gave them the tea containing the poison and told them to drink it, but she could not look at them, but turned away and became faint and sustained herself by holding on to the mantle.

6. *Her Conduct after the Poisoning.*—She remained with and cared for them as best she could. She would have gone for help, but she could not leave them, but stayed and looked at them. Two died and she put them in the bed. On Saturday morning, 3:30, little Christopher fell asleep and then when he was quiet, and would not miss her she ran to the police station and told them what she had done and asked them to send a doctor. She did not seek a doctor to save his life, she seems not to have thought of this, but to relieve his sufferings. She was calm, gave herself up, made no excuse, and showed no remorse. She still believed that little Christopher could not recover, and that she would still die. She had not looked upon this as a crime, but thought that they would soon all be together in a better world.

7. *The Analogy and Similarity of this Deed with Acts of the Insane.*—It does not appear that this deed was the result of a defined insane delusion, or was the result of a defined hallucination. By this I mean that she was not impelled by any fixed and governing false idea, nor by any commanding voice, or any vision pointing out to her what she should do. She did not appear to have had what is called an imperative conception, that is, any sudden irresistible impulse taking such possession of her as to overpower all will and reason. She does not appear to have been unconscious at the time of the commitment of this deed, nor is there any evidence that she ever had epilepsy, the existence of which might account for the crime. Nevertheless, this deed, contrary to every natural instinct of a human being, much worse, a mother, without selfish motive, apparently the only selfish motive that might be attributed would be that, at any cost, these children should be kept from the relatives of her late husband. Had she wished to have freed

herself from the care in order to abandon herself to a dissolute life, as is claimed, she might have left her children with the society without committing this crime. It is evident that she intended to take her own life, but was unwilling to do this until she was assured that all the children were dead. Suicides and homicides of the insane are committed more frequently in the morning hours, especially after a sleepless and troubled night, and before the will and reason have fully asserted themselves. Insanity involves the *ego*, the insane delusions and hallucinations always pertain to and involve the *ego*, and that which is closest to the *ego*; and this is nowhere more conclusively shown than in the homicidal acts of the insane. Statistics show that thirty suicides are perpetrated by the insane to every homicide, and of the homicides committed by the insane those of the nearest and dearest relatives are eight times as frequent as of those not joined to them by these close ties. There was no attempt at concealment or self-protection; no effort to escape; but, on the contrary, she voluntarily gives herself up and confesses, in the calmest manner, all that she had done. There was also lack of all emotion and remorse.

8. *Were there Rational Motives for the Commission of this Deed?*—Only that they would be better off dead than left unprotected in this world, when it was plain to her that she was too sick and poor to care for the children longer herself, and that she was going to die.

There was no motive of gain, anger, or revenge. In fact, there was nothing about the deed that was not irrational.

9. *Was this Deed the Probable Outcome of Diseased Body and Mind?*—Yes. We find strong hereditary predisposition. We have syphilis, with symptoms of involvement of the brain.

We have pregnancy, with its morbid fears. I have said that there was no defined delusion, but there was great mental depression, with the ill defined delusions that she would die during her confinement. Her distorted ideas of the West, and what her children would suffer there. She saw no hope in the future, and want and starvation at hand for herself and her children. She was in very poor physical condition and not fit to work, yet working. She was suffering from a severe injury to her side while carrying a heavy stove. She was troubled in every way, and was sleepless, and was in too poor a physical condition to appreciate the nature of her acts; or to resist the impulse that impelled her to the commission of this act.

The act seems to have been the result of : hereditary, pregnancy, circumstances, a diseased and worn out body, a mind weakened by these, and harassed by poverty and want, and so deeply depressed that the judgment and will were unable to act with anything like their accustomed power and force.

The Third Report was in the form of a Certificate of insanity, the body of which read as follows :

“She is in very poor physical condition. She is thin, pale, and has an anæmic heart murmur, with a rapid, quick pulse. Her pupils are unequal, and there is loss of power and excited reflexes on the right side. She has an eruption upon her face, probably due to syphilis. She is at times depressed, and at other times is elated without adequate cause. She does not appreciate the gravity of her present position, nor the enormity of her crimes. She has displayed both suicidal and homicidal impulses. On one occasion she poisoned three (3) children, two (2) of whom died. Considering this history, with her present physical and mental states, I believe her an unsafe person to be at large.”

This case presents many points of especial interest to both the Medical and Legal professions. She was first put on trial before Judge Martine and a jury as to her present sanity and capacity to plead to the indictment. The prosecution called Dr. Allen McLane Hamilton and Dr. George B. Fowler. Dr. Frank H. Ingram and myself were called by the counsel for the accused. The testimony was practically the same, and the jury found her sane.

A month later she was placed on trial before Judge Gildersleeve and a jury upon the indictment ; insanity was interposed as the defence ; the prosecution was conducted by Assistant District Attorney Macdonna, the prisoner being defended by Mr. John R. Hinzleman. The defence placed upon the stand, upon the question of insanity, Dr. Stuart Douglas, Dr. Allen McLane Hamilton, Dr. Frank H. Ingram and myself ; no expert witnesses were called by the People. His Honor Judge Gildersleeve charged the jury. After reviewing the evidence and defining the degrees of murder and manslaughter, he charged upon the question of responsibility as follows :

“If you are satisfied, therefore, gentlemen, that she administered this poison and it resulted in the death of Charles Lebkuchner, and that she did it from a deliberate and premeditated design to effect his death and you are so satisfied beyond any fair and reasonable doubt, then she is guilty of the crime of murder in the first degree, unless you are satisfied that the defence which she has set up here has been established, viz : that of insanity.

“The 20th section of the Penal Code provides as follows: ‘An act done by a person who is an idiot, imbecile, lunatic or insane, is not a crime.’ It is claimed that the

act of this defendant which it is charged resulted in the death of the deceased, is not a crime because she was insane at the time. Now that is a question of fact for you to decide in the light of all the evidence—her conduct, what she said and did in the light of what the experts who have been called here have said in respect to that question. The rule of law that is controlling on the question of insanity seems to be clearly expressed in the opinion of Judge Andrews of the Court of Appeals in the case of Flanagan against the People, a portion of which was read to you by the learned District Attorney : ‘It must be regarded as the settled law of this State that the test of responsibility for criminal acts where unsoundness of mind is interposed as a defence, is the capacity of the defendant to distinguish between right and wrong at the time of and with respect to the act which is the subject of inquiry.’ The physicians when asked their opinion as to the condition of the defendant’s mind at the time of the commission of the act based upon the circumstances and condition of things disclosed by the evidence, such as her conduct, her previous history, all the circumstance under which the act was committed, their answer, you remember, was that it was their opinion that she was insane. Dr. Douglas was asked : ‘ Might she have known the differences between right and wrong and yet not have capacity to act upon that ? ’ “ The answer was : ‘ Yes.’ Dr. Hamilton said : ‘ I think her will was affected, that she committed this under a condition of diseased responsibility, she was irresponsible as the result of disease Q. Do you believe that a person in the condition she was was able to choose between the right and wrong ? A. I do not. Q. You have heard the circumstances detailed under which it is claimed that this defendant poisoned her children ? A.

Yes, sir. *Q.* You have heard what her condition in life was at the that time without my stopping therefore to repeat all these conditions and all these details, bearing them in mind, what is your opinion now at the time she administered the poison, was she sane or insane? *A.* I believe her to be insane, sir, and from my conversation with her.' This answer, viz: 'I think her will was affected, that she committed this under a condition of diseased responsibility, she was irresponsible as the result of disease:' and then this question: 'Do you believe that a person in the condition she was, was able to choose between the right and the wrong?' and the answer: 'I do not'—brings up the real turning point in this case. You must find from the evidence before she is entitled to be acquitted on the ground of insanity, that she had not the capacity to distinguish between right and wrong in respect to that particular act. If you find in the abstract that her mind was sufficiently sound to enable her to distinguish between right and wrong, she would not necessarily be responsible. You may find that she had sufficient control of her intellect and of her faculties to be able to know and understand that it was wrong to kill, that it was a crime to take life, and yet that would not fasten the responsibility of taking the life of the deceased upon her under the law. Was her mind sufficiently sound, did she have sufficient control of her judgment to be able to distinguish right from wrong in respect to this particular act, viz: the taking of the life of her own child under those particular circumstances? If her mind was so affected by reason of the poverty that had pursued her, by reason of the misfortunes that had befallen her and followed her along from month to month and from year to year, if the sufferings she saw ahead of her or in store for her children

in case of her death, or that she believed she saw in store for them, if this so effected her mind, so disturbed and deranged her judgment, so interrupted the ordinary and sensible course of reasoning as to honestly induce her to believe that she was doing a kind and merciful act, that she was taking this son from a world of trouble to a haven of peace and happiness, and that it was right for her to do it, although she knew and believed that murder in the abstract was wrong and a crime--if, induced by this condition of things she was brought around to that condition of mind and was not able by reason of that condition of things to distinguish right from wrong in respect to that particular act, then she is entitled to an acquittal. The rule is the capacity of the defendant to distinguish between right and wrong at the time of and with respect to the act which is the subject of inquiry. The principle, or more properly the theory upon which she is entitled to an acquittal if you believe that condition of things which I have named existed, must be distinguished from an uncontrollable impulse, because the courts have held that where it appears that a person takes the life of another under an uncontrollable impulse by reason of the pressure or influence they feel brought to bear upon them, having sufficient capacity to know that the act was wrong, being of sufficiently sound mind to distinguish right from wrong in respect to that particular act, although they have not the will power to resist this impulse, this insane force that is operating upon them, nevertheless, the law holds them responsible. The law does not recognize a form of insanity in which the capacity of knowing right from wrong exists without the power of choosing between them, says one case. Another case says, it is no defence that in consequence of an uncontrollable impulse the

prisoner has no power over his will. In a case where the accused have said : ' I felt a command from God to do this act ; I knew it was wrong ; I did not want to do it, but I had not the will power to resist what I believed was the command.' Now, under these rulings, in these cases a person taking life under those circumstances, would be held responsible for his acts. So that all this reasoning you will see, gentlemen, brings you right around back to this principle, what was the particular condition of mind of the defendant at the time of the commission of the act ? Was the defendant's mind so unsound that she was not capable of distinguishing between right and wrong in respect to the act which she was committing ? This defence of insanity is an affirmative one. The burden is on the accused of establishing it ; the burden is upon the accused of satisfying the jury that the defendant's mind was unsound at the time of the commission of the act. It is hardly proper for me to say to you that they are bound to go as far as the people are bound to go in making out a case, viz : to satisfy you beyond any fair and reasonable doubt, and yet the evidence must be convincing and satisfactory to the jury."

The jury retired, and after about two hours forwarded to the judge the two following questions :

" In case we find the defendant knew the difference between right and wrong, but had not the will power to resist the impulse to commit the crime, must we consider the law, as read by the District Attorney, binding, that is, take no regard as to her will power " " Did the Court charge that in case we found the defendant merely acted under an uncontrollable impulse, we should find her guilty ?"

At this time I understood the jury stood nine (9)

“not guilty.” and three (3) “guilty.” The ground of difference being embraced in the two (2) questions, presented to the Court. The jury were again called into Court and were addressed by Judge Gildersleeve as follows:

“Gentlemen of the Jury:—In answer to these two questions which you have submitted, I doubt if I can do better than have the stenographer read to you what I said, and yet I will add to what I have said by reading from some authorities from which I did not read at the time of delivering the charge. The question presented for your consideration is a very delicate one, and so the principles of law that control cases of insanity are not very well settled. They differ in different States. I am bound to give you the law as it maintains in this State, where this Court has jurisdiction. It is not an easy matter to determine just where responsibility ceases and irresponsibility begins in respect to particular acts, and I am not surprised that you ask for some further instruction. Now, the law does not recognize any moral power compelling a man to do what he knows to be wrong; that is substantially what I meant to say in reference to the operation of the alleged uncontrollable impulse. That convenient form of insanity which enables a person who does not choose to bridle his passions, to allow them to get and keep the upper hand just long enough to enable him to commit an act of violence and then subside, is not recognized by the law. The insanity which takes away the criminal quality of the act must be such as amounts to mental disease and prevents the accused from knowing the nature and quality of the act he was doing. The doctrine that a criminal act can be excused upon the notion of an irresistible impulse to commit it where the offender has

the ability to discover his legal and moral duty in respect to it, has no place in the law. To establish defence on the ground of insanity, I now read an opinion of the Court of Appeals: It must be clearly proven that at the time of committing the act, the subject of the indictment, the party accused was laboring under such a defect of reasoning, of diseased mind, as not to know the nature and quality of the act he was doing, and if he did not know it, that he did not know that he was doing wrong. Where insanity is interposed as a defence to an indictment for an alleged crime, the inquiry is always brought down to the single question of capacity to distinguish between right and wrong at the time the act was done; and, I might add, in respect to that particular act, it must be regarded as the settled law of this State that the test of responsibility for criminal acts where unsoundness of mind is interposed as a defence is the capacity of the defendant to distinguish between right and wrong at the time of and with respect to the act which is the subject of the inquiry. That is the law of this State with reference to this defence, and it is the law by which you will be governed in determining the question whether the defence that has been interposed here has been established or not. Now, as to the burden of proof. Crimes can only be committed by human beings who are in a condition to be responsible for their acts; and upon this general proposition the prosecutor holds the affirmative and the burden of proof is upon him. Sanity being the normal and usual condition of mankind, the law presuming every individual is in that state, hence a prosecutor may rest upon that presumption without other proof. The fact is deemed to be proved *prima facie*, and whoever denies this or interposes a defence based upon its

untruth must prove it; the burden of overthrowing the presumption of sanity and of showing insanity is upon the person who alleges it; and if evidence is given tending to show insanity, then the question is presented to the Court and jury whether the crime, if committed, was committed by a person responsible for his acts, and upon this question the presumption of sanity and the evidence are all to be considered, and the prosecutor holds the affirmative. If a reasonable doubt exists as to whether the prisoner is sane or not, he is entitled to the benefit of the doubt and to an acquittal. Now, I declined, you remember, to instruct you that the defence were bound to establish the insanity of the accused beyond any fair and reasonable doubt. The benefit of a fair and reasonable doubt upon the whole case, upon all the evidence for the people and for the defence is always the property of any prisoner charged with crime. Now you will see that if the defendant was required to satisfy you beyond any fair and reasonable doubt of her insanity and succeeded in satisfying you from the evidence that there was some doubt of her sanity, and if I charged you the proposition of law that you are bound to find beyond any fair and reasonable doubt, although she did go far enough to create some doubt, she would not have the benefit of the general principle of law that the accused is always entitled to the benefit of any fair and reasonable doubt upon the whole case—that would be requiring the defendant to go further than the law requires. Now I will not go over what I said to you in the first instance. I instructed you according to my own recollections of the law not with the accuracy and precision with which the law is laid down in these authorities from which I have now read. These authorities which I have read to you embody, as I believe, the principles of law which I

intended to lay before you in my charge. I have emphasized the principles by reading these authorities and perhaps have made clear to you the questions of doubt that were in your minds. If any of you have any question that you would like to ask, any point upon which you are not entirely clear, I will endeavor to make it clear. There can be no conviction unless an accused person has sufficient mind, has sufficient control over his reasoning faculties as to be able to form a criminal intent. Bishop, one of the leading authorities on criminal law, I think defines the question in about these words, and that is the test the jury is to apply, was the mind of the accused, although deceased, sufficiently sound to be able to form a criminal intent? It all comes back to this original statement which I said to you was the law of this State. The test of responsibility for criminal acts where unsoundness of mind is interposed as a defence, is the capacity of the defendant to distinguish between right and wrong at the time of, and with respect to, the act which is the subject of inquiry. Now in determining that question you see you must take into consideration the defendant's condition of pregnancy, and all her troubles, and all that happened before, and her conduct subsequently, as I instructed you for the purpose of determining that particular question. You may now retire, gentlemen."

The jury rendered a verdict of not guilty, on the ground of insanity at the time of the commission of the offence.

Subsequently, Judge Gildersleeve committed Mrs. Lebkuchner to the State Hospital for the Insane, at Poughkeepsie, upon certificates of insanity furnished by Dr. Ingram and myself. Mr. Heinzelman procured a writ of habeas corpus, returnable before Justice

Beach of the Supreme Court, to show cause why she should not be discharged. Justice Beach discharged Mrs. Lebkuchner upon the ground that the commitment was unauthorized, illegal and void.

A CLINICAL AND FORENSIC STUDY OF TRANCE.

PROFESSOR EDWARD P. THWING, M. D., PH. D.

The battle ground of science to-day is the Involuntary Life. Or, as another has phrased it, "The relation of automatism to responsibility." The theme opens a wide continent of thought. A few landmarks will prove helpful.

SURVEY OF THE FIELD.

A new chapter of the militant history of human speculations is being written. A new arena of conflict is reached. New forces are marshalled. New weapons of warfare are demanded, and new strategic points are to be gained. Vast changes are seen in philosophic thought, in traditional theology, in historic criticism, and in scientific research. The limits of scientific inquiry are more clearly understood, and the essential unity of truth proved. The very perturbations of the human mind often herald the incoming of new light, just as the near approach of Neptune through measureless space was foretold by prophetic disturbances in the outermost orbit of our ever broadening solar system. Let not ignorance and prejudice silence any Le Verrier of our day who dares to widen the field of inquiry, or force him to stand, as in ancient days the propounder of a new law stood, with a halter about his neck, with which the populace might hang him if displeased with the innovation.* We must not retard the progress of

*Medico-Legal Soc. Papers, Series III. p. 360.

knowledge by looking at the phenomena of life "through the dulled eyes of custom and traditional opinion," but show "openness and simplicity of mind, readiness to entertain, willingness to accept and enthusiasm to pursue a new idea,"* remembering that

" There are great truths that pitch their shining tents
Outside our walls, and though but dimly seen
In the grey dawn, they will be manifest
When the light widens into perfect day."

PSYCHOLOGY AND MEDICINE.

The facts of the involuntary life, of which the Trance is the supreme expression, have been observed for centuries. But not until recent years have biological and medical investigators classified and formulated the phenomena involved. Cerebro-physiology has latterly made rapid advances.

The first medical book placed in my hands by my preceptor in 1852, was Bichat's Anatomy. Professor Huxley calls this learned Frenchman "the acute founder of general anatomy." Bichat laid down, for the first time, the distinction between the organic and animal, the conscious and unconscious life of the individual. He made life to be the unity of separate lives of organic parts. This doctrine of synthesis he applied to pathology.

Diseases were like the perturbations of the planetary system. Therapeutics must show how to eliminate them. The way was cleared for a closer unity between biology and medicine. "Science and Culture," by Darwin, closes with this query: "How can medical education be so arranged as to give the student a firm grasp of biology?" Without it, he is but an empiric, notwith-

*Reign of Law, Duke of Argyle, Chap. VII.

standing all the progress of what is called "scientific medicine."

Medicine, like agriculture, took its origin in the needs of man. As chemistry and vegetable physiology gave agriculture a scientific basis, so psychology is to give to medicine a wider, richer development in the near future. In 1870 the American Medical Association adopted a resolution requesting medical colleges to establish chairs of psychology. It was then said: "Very few in the medical profession understand it. Here is an immense field to cultivate, and it will yield a rich harvest. Books, periodicals and lectures give only a glimmer. One must patiently, persistently study his feelings, impressions and repulsions in various relations and conditions." He must also be an acute and accurate observer of these conditions in others. Then the sneer of Voltaire will no longer have any basis in fact: "The doctor is one who pours drugs of which he knows little, into a body of which he knows less." Professor Tyndall says that "hitherto medicine has been a collection of empirical rules, interpreted according to the sagacity of each physician." But we need to know the mind and soul as well as the liver and spleen. We need to treat the patient as well as the disease. Then will be realized the fullness of the Hippocratean beatitude, "That physician who is also a philosopher is godlike."

PSYCHOLOGY AND LAW.

The basis of litigation is continually found in alleged disorders of the mind and nervous system. The intelligent lawyer must study the neuropathic condition of criminals, with the immediate and remote factors involved, in order to determine the degree of responsibility, and so of guilt. No where in the world, accord-

ing to Edmund Burke, is law so generally studied as in this country. De Tocqueville made it one of the supreme tutelar forces of our Republic. Had he lived to see the completion of the first century of American law, he would have spoken with greater emphasis : for, though “all governmental affairs travel in the path of precedence,”* there has been great advance in the line of procedure, evidence and competence of witnesses. Till, it is true that laws are changing. “*Leges humanæ nascuntur, vivunt et moriuntur ; posteriores priores contrarias abrogant.*”† Had our political system been less flexible, it never would have survived the strain to which the exigences of its first century have subjected it.

Ex-Judge Davis points out the need of still further changes, when he refers, in the line of this discussion, to the Status Ebrietatis, and the place of the expert. “It has long been evident that the State needs to give some systematic attention to the adequate presentation in criminal trials of the light which science throws on the subject, when the prosecution is met by the defence of insanity.” He suggests that “all expert testimony of a medical character be independent of the selection of the parties, and placed, in respect to impartiality—though, perhaps, not in controlling authority upon the jury—in position like that of the judge.”

Speaking on this point, one of the judges of the Supreme Court recently remarked to the writer: “You medical men instinctively look at the facts of a case from a purely scientific point of view, while the law looks at the matter in the light of the public welfare.” So Thucydides says that Cleon urged the Athenians to execute the Mitylænean revoltors as an act of retaliation, while Diodotus argued that they were sitting in delib-

*Joel Prentiss Bishop. †Coke VII, 25; Rolle II, 410.

eration and not in judgment; that expediency. and not naked justice, was to be considered; not what might be done under the law, but what was advisable. The man of science should not be destitute of a judicial temper, and the lawyer should not lack a true, scientific spirit. But there are other lines in which these preliminary considerations point. All the learned professions are equally interested in the survey of this field of automatism and responsibility.

PSYCHOLOGY AND THEOLOGY.

The intelligent understanding of practical psychology will help to rid religion of superstition, and give illumination to the teachings of Christianity, both as to the life that now is and that which is to come. There are problems of an exegetical character which the theologian will find cleared of much of their difficulty by the facts which wait enunciation. There are historical and homiletical relations which would require ample space to unfold. The moral and religious bearings of the Involuntary Life have been elsewhere considered.* We are now ready to look at the genesis and features of that form of Involuntary Life known as TRANCE.

GENESIS OF TRANCE.

Trance, transit, "the passing over" from the voluntary, conscious state to the involuntary and automatic, is a condition or process which varies with the cause which originates it. It may be purely a pathological condition. It may be induced by suggestion, fixation, manipulation or other means as a scientific experiment. The initial and terminal bounds, with the intermediate phenomena, change as these conditions change. There

* Thwing's Handbook of Anthropology, pp. 48-50, and American Institute of Christian Philosophy, Proceedings, 1884-5.

have been fourteen kinds of trance described according to clinical features, such as somnambulistic, intellectual (or reverie), emotional, ecstatic, alcoholic, mesmeric, epileptic and cataleptic.*

These all have some features in common, as in the hypertrophy and persistence of mental impressions, but vary in detail according to the origin of the condition, and the individual in whom trance is induced.

In passing, it should be understood that, so far from being a proof of mental weakness, trance is a condition "into which many, if not most, of those who have left the stamp of their own character on the religious history of mankind have been liable to pass at times. The union of intense feeling, strong volition, long-continued thought—the conditions of all wide and lasting influence—aided in many cases by the withdrawal from the lower life of the support which is needed to maintain a healthy equilibrium, appears to have been more than the 'earthen vessel' will bear. *Exstasis* is the state in which a man has passed out of the usual order of his life, beyond the usual limits of consciousness and volition. *Excessus*, in like manner became a synonym for the condition of seeming death to the outer world which we speak of as trance. From the time of Hippocrates, who uses it to describe the loss of conscious perception, it had probably borne the connotation which it has had, with shades of meaning for good or evil, ever since."†

CLINICAL FEATURES.

St. Paul and other apostles and the prophets give some hints as to the origin and characteristics of this state.

* Nature and Phenomena of Trance, Dr. George M. Beard. G. P. Putnam's Sons, 1881.

† Dr. Wm. Smith's Bible Dictionary, "Trance."

Many other great men since have left important data, particularly the eminent scientist, Professor Agassiz. He invited experiments on himself and made a conscientious record of them over his own signature.* One feature of value in this clinical record is the triumph gained over a superior mind that resisted the operator, and his candid statement of the delight which followed surrendry. The experimenter was Townsend, at Neufchatel, and Mons. Desor was witness. "The moment I saw him endeavoring to exert an action upon me, I silently addressed the Author of all things, beseeching him to give me power to resist the influence and to be conscientious in regard to the facts " Ocular fixation induced weariness, and digital movements in front of the eyes deepened drowsiness. Other manipulations induced "and indescribable sensation of delight." Speech and vision were suspended, but hearing remained. After an hour of helplessness Agassiz "wished to wake, but could not. It appeared to me that enough had been done with me." Though in a state of confused pleasure, he "was inwardly sorrowful to have it prolonged. Quick transverse movements, outward from the middle of the face, at once broke the spell. A word would have done as well.

From my records of 140 cases of trance, during the past six years, including the written statements of some very intelligent patients themselves, I could easily compile a large volume. Enough, however, has been said as to the experimental or artificial trance in its clinical features. If we attempt to explain the pathology of the unconscious, automatic life we find ourselves involved in endless speculations. The alleged *vis magnetica* of ancient thaumaturgists we ignore. That this is a sub-

* *Notes Relatifs au Magnetisme.* C. H. Townshend.

jective phenomenon needs now no argument. Sudden and enrapturing emotions, continued fasting or overpowering fear, develop it. A man of penetrating personality and commanding will, by slow and seductive processes, or by swift assault that leaves no time to question or repel, startling and abrupt as the gong of the Salpêtrière, may capture both consenting and recalcitrant souls. Prof. Laycock thinks that the theory of reflex action in the cortex of the brain explains the exaltation of perception and the dulling of self consciousness. Another suggests cerebral anæmia, or analogous encephalic exhaustion at the expense of sensory ganglia. Dr. Mortimer Granville makes normal sleep the sum total of five factors: Muscular, visceral, sensory, automatic and cerebral repose. He differentiates 36 varieties of disturbance, which it would be irrelevant now to name. Dr. Liebault assumes the fact of serene and restful repose in hypnosis, from not only the bodily ease and facial expression, but from the answer uniformly given by the entranced, when left alone, to the query, "What are you thinking of?" He says, "nothing," whereas in ordinary sleep the brain is active. The tracings of the myograph and pneumograph are helpful at this point, as well as in the exclusion of the possibility of simulation.

From the days of Liebnitz mental automatism has been studied with increasing attention. Its limit and condition is the personal equation which distinguish men. Braid nearly half a century ago laid the foundations on which Professor Charcot ten years ago begun to rear a scientific system. This accomplished French scholar began with the simplest clinical facts of hysteria as a basis, such as the reflex action of the cortex, a passive and plastic condition favorable to control. He

noted also certain zones of cutaneous areas and hypogenous pressure points, irregularly distributed over the body, the manipulation of which induces sleep, as the pressure of other points induces tetanic paroxysms in some epileptic patients. Another fact proved was the abortive treatment of hysteroidal attacks by hypnosis. A third was the palliative and remedial effects, by the same agent, in muscular contractions and paresis, which complicated the original trouble. Indeed, the field is so large and the clinical facts so abundant and enticing there is danger of giving an undue space to them rather than to the forensic relations of the whole subject.

FORENSIC RELATIONS.

We pass at once to the ethical and legal bearings of trance. Six questions will guide us. They have been all presented to and answered by one of our ablest judges, but his opinion and my own are withheld, as the aim of this paper is tentative and suggestive, intended to elicit and not to close discussion.

1. Is any reconstruction of the laws of evidence needed in view of the facts of the Involuntary Life? Allusion has been made to perversions of the senses, to the hypertrophy and continuity of mental impressions. To this might be added the moral as well as sensory hallucinations which have been unquestionably created by external suggestion. A third point—which, if ever alluded to in the copious literature of the subject, has escaped my notice—is sexual erethism, an occasional sequel of this form of induced unconsciousness, as it frequently is a result of the inhalation of nitrous oxide gas, or sulphuric ether in surgical clinics. A glance at each of these suggestions is all that the limits of the discussion allow.

As to the testimony of the senses. It has been said that seeing is believing, and if the testimony of the senses is not to be received our courts of justice might as well be closed at once. There is truth in this, but not the whole truth. John Stuart Mill believed, with his father, in the sensuous origin of all knowledge, saying: "Nihil in intellectum quod not prius in sensu." Dr. Beard went to the other extreme, and said that "only fools trust the sight. Seeing is not believing but doubting, for what is all human science but a correcting of the errors and a supplementing of the defects of the senses?" In 1884 while questioning a sensitive as to certain illusions created by my suggestion and made real on returning to the normal state, I remarked: "Would you take your oath in a court of justice that you had seen these objects and experienced these sensations?" "Certainly I would," was the reply. "You see the value of some human testimony," I remarked to bystanders. One of them chanced to be Prof. William James, M. D., of Harvard College. This accomplished psychologist has recently made valuable contributions to physiological optics and showed by diagrams how illusionary certain spatial distances are, even to one in the normal state. He says that the "facts of vision form a jungle of intricacy." Only culture, experience and a sound cerebrum are trustworthy witnesses of visual facts. "The whole education of the artist consists in his learning to see the presented signs as well as the represented things."*

Helmholtz shows that the vitreous humor always holds the *muscæ voliantes*, but they are not noticed till some lesion is suffered and the attention drawn to them

**Mind* Oct., 1887. Also, LOTZE, *Med. Psych.*, 428, et super. LIPPS. *Grundtatsachen des Seelenlebens*.

as to a new discovery. The fact that one eye has become blind has not been noticed for some time, till the accidental closure of one eye, the sound one, reveals the fact. Volkmann* says that the excitement of one set of retinal fibres will inhibit the function of another set and prevent discrimination. Still further retinal stimulation may restore normal vision. "Fallacies innumerable exist until optical discrimination is educated and the verdict of certain chaotic primitive sensations is corrected by a larger knowledge." Prof. James adds: "In the matter of taste, it seems to me that most men are normally nearer the trance state than in respect of their other sensations. Suggestion (as to tasting) influences them more easily. The peculiarity of the trance subject is that *all* emotions are falsified and overpowered by the imagination. In all men some sensations are. As we approach the sense of hearing deceptions abound." In experiments with university men, students of his, I illustrated, several years ago, some of these conclusions most satisfactorily, as he thought.

The argument is this. If there may be a sympathetic reproduction of ideas in another while he is presumably in a normal condition, may there not be a far more vivid duplication or perversion in the mind of the entranced? If optical errors deceive men in ordinary experience, may not psychological suggestions mislead when extraordinary influences bind as with a spell? And what is the value of the testimony of those who are thus readily thrown out of mental equilibrium?

Still more serious is the query when it is moral accuracy, rather than the certitude of visual or gustatory experiences which is to be determined. Visual errors are common and often vexatious and embarrassing, but

*Untersuchungen, 242 et super.

perversions of the moral sense are more perilous to the individual and to society.

A letter from Paris to a New York periodical records the confession of a French gendarme, who said that he had committed murder. His language was: "Arrest me! I am a coward and murderer. I have soiled an unspotted life by an odious and stupid crime." "Why?" he was asked. "I do not know. He looked at me with a defiant air. I did not know him. I held a knife in my hand and drove it into his heart. I heard it scrape against his ribs—mercy! mercy!" The stalwart officer fainted. The man was the subject of an experiment. One of the professors of the Academy of Medicine had hypnotized him, given him a wooden spatula, calling it a dagger, and pointed out a tree which was made to him to appear as an offensive intruder. He was told to stab him and return and report the details, which he did as just narrated. The stealthy approach to his supposed victim; his wary, anxious, furtive glances to see if he was watched; the ghastly pallor of face and agony of tone shown in the confession; and the physical collapse, as well as the difficulty with which he was afterward ridden of the impression that still haunted him like the nightmare, attested the genuineness of the experiment. Similar cases here might be given where persons laboring under delusions have needlessly inculpated themselves. Grave accusations against others also are made of acts that have no existence outside their own disordered fancy. Incidents could be given to illustrate the erotic as well as erratic whims which are created by hypnotism in neurotic females, identical with the aberrations attendant on the use of anæsthetics. Their subjective sensations are to them objective realities. Their statement is intended to be truthful, but as legitimate

evidence it is worthless.* Their dominant idea is well called by Carlyle "diluted insanity." It was this spectral testimony that sent thousands to death as witches,

" In courts where ghosts appear as witnesses,
And swear men's lives away,"

on the principle stated in *Fatinitza*, "Flog first, explanations afterwards." Shall this *verrückttheit* always prevail?

2. Is the training of the medical expert complete without a better understanding of this subject? To state the question is to answer it. There are, indeed, few who are familiar with the principles of legal and medical science alike. One man rarely masters two professions in all their details. But may not the training in each, law and medicine, be broadened so as to embrace a fuller knowledge of the profound truths of psychology? Can the perplexing questions which arise—as well in our civic courts as in the higher—be fairly met without a better acquaintance with the borderland of insanity in which so many live? Is not the prevailing ignorance on this subject the frequent cause of popular and professional jealousy and dislike with reference to expert testimony?

An English judge has recently suppressed the expression of a medical man's opinion about to be offered in evidence on an insanity plea, and given notice that in every future case he will deal with all medical and scientific experts in the same way. They may simply say what they saw and heard, but give no opinion.† "For a man to have close and intimate practical knowledge of some part of the field of science is, in some quarters, apparently a reason why his deliberately

* Hamilton's Medical Jurisprudence, p. 493.

† British Medical Journal, March 3, 1888, p. 477.

formed opinion on a subject within the sphere of his studies should be suppressed in a court of law, and the point of issue be decided by untrained minds. Carry this to its logical conclusion, and we must set up ignorance as a chief qualification of those fitted to decide scientific questions!" It is not strange that the editorial writer quoted, calls for some public authority outside to initiate a change in view of such inexplicable ruling.

3. May not malingering among the insane and others be sooner detected by the application of the facts of the Involuntary Life? The simulation of diseases and disabilities is a common occurrence met with by all who have their fellowmen in durance. Subjective symptoms are very misleading, as the testimony of officers of prisons and asylums will show. A military deserter to escape punishment remained apparently unconscious for more than two months.* Beck and Gavin tell of others whose pretended insensibility was not detected by aloes in the mouth, shower bath or electricity. Only the actual cautery intimidated. Somnambulism has been feigned to cover crime, or to excite pity; so, also, deaf mutism, paralysis, contractures, hemorrhagic and cutaneous conditions. Recent experiments on himself by Dr. Ossip Feldman, of Russia, before the Medico-Legal Society, demonstrate the power of acceleration and retardation of the heart's action within wide bounds, possessed by some skilful experimenters. The sphymograph alone is an insufficient guide or test in detecting the malingerer. The myographium, as used by Charcot, is more satisfactory, particularly in hysterical traumatic contractures. But mechanical appliances are only decisive in the hands of those who understand the

* Edinburgh Annual Register. Vol. iv.

normal and aberrant features of human thought and feeling. Science demands the severest scrutiny of all phenomena, and the elimination of every possible element of fraud, deliberate or unconscious.

Six sources of error have been signalized into which investigators are likely to fall*. The first, the overlooking of those interactions of the mind and body below the plane of volition and consciousness; and secondly, the innocent self-deception of the subject experimented on. A knowledge of trance-actions is indispensable to detect self-imposition. Counter-deception is advised; that is, doing nothing when something is expected, doing something when nothing is expected and doing something different from what the sensitive believes is being done. Deliberate deception, the third source of error, is to be met in the same way. Intended and unintentional collusion of third parties form two more sources, and the overlooking of the element of chance, and coincidences is a sixth.

The question of the detection of malingering is really a corollary of the previous one as to the training of medical experts as witnesses in legal trials. This brief allusion is sufficient to show its commanding importance.

4. Reviewing the clinical and forensic facts considered in reference to trance, we now ask: Is there need of any legal surveillance in private experiments or public exhibitions? Civil authorities have in foreign cities occasionally restricted or prohibited them, and the *British Medical Journal* for March 3, speaking of the artificial trance, while crediting it with curative results in hysteria, adds: "A far more serious and thorny question is

* Experiments with Living Human Beings. *Popular Science Monthly*, March and April, 1879.

that which bears on the medico-legal aspect. The impairment of volition which results from repeated induction of this condition is a factor of which the law ought to take cognizance." Temporary insanity has sometimes followed injudicious experiments and exciting concomitants, particularly where an unskilled operator loses his own self-possession.*

As trance has been invoked and used successfully in the control, if not eradication, of vicious appetites, it is quite possible to implant permanent tastes for persons, objects and indulgencies, good or evil, and to intensify the same by repetition. This is but a hint of the amazing perils and possibilities of a developing science. It also gives emphasis to the query as to any special custody in which parties should be held who are related as experimenter and subject.

"He touches heaven who lays his hand upon a human frame," says an enthusiastic German writer ; but he gets near to the Creator who knows how to evoke, direct, control and utilize these marvelous psychic phenomena in the service of humanity.

5. Is it justifiable to use this condition as an inquisitorial agent? The revivification of memory in the exaltation of trance constitutes what has been called "an artificial day of judgment." Through inquiry and suggestion the mind is steered along a labyrinth of

*"Subjects are generally not injured physically, but benefitted by the habit of going into artificial trance ; but there are exceptions, especially with those who develop the phenomena of trance seeing. Suicide can be committed by persons in any of the natural forms of trance. It is possible for the operator to rob a trance subject while in trance sleep, or kill him, or to inflict any injury upon him whatsoever. He can compel him to commit suicide at a definite time, several minutes in advance ; meanwhile the operator can get out of the way. He can cause him to sign documents or to transfer property or to make a will. When two persons are in trance they can be made to fight a duel. The responsibility in all these cases rests with the operator and no new laws are needed."—*Dr. G. M. Beard*

bygone events, names, places and dates. "Crimes are revealed in this condition, even dating back to early childhood. We have absolute control of the subject and absolutely demonstrative experiments of the genuineness of these trance confessions can be made." Detectives have availed themselves of the confessions of the intoxicated, and alienists have profitably studied the insane while asleep. The query suggested by these facts is this : Is it justifiable to take advantage of a person in this abnormal state and lead him to inculcate himself if suspected of wrong doing ?

6. A final question remains : Is any revision of the penal code desirable in view of the facts which the present scientific study of this matter has elicited ? This carries us back to the initial and germinal idea of the whole discussion, the relation of automatism to responsibility. It is an ethical as well as a physiological question. It is related to the profound problem of criminal anthropology, and so comes within the scope of legislation. Is man only an automaton ? Has consciousness—the self-recognition of the *ego*—any causative relation to physical action ? Have volitions any power, or was Emerson mistaken in saying that "thoughts rule the world ?"

We all admit the fact of an acquired automatism, the product of habit, a second nature as it is called, but is there, or is there not, a self-determining power of the will ? Have the phenomena of the Involuntary Life made man irresponsible ? It is believed that the bulk of men, if not all, are susceptible : that is they would or could enter trance under favorable conditions. Does this—assuming it to be a fact—militate against the freedom of the will ? And are those who recognize their special susceptibility and admit their frequent surrendry of con-

sciousness and volition, in experimental tests, to be regarded with any more favor or consideration before the law than are the victims of strong drink? Is this susceptibility to trance strictly a disease, or akin to insanity? If so, the acts of the entranced come to be, in some sense, those of irresponsible agents.

The subject is copious, but it is time to say with Virgil's shepherd :

"Claudite jam rivos, pueri; sat prata biberunt"

The further we explore this wonderland the more abundant and alluring does the wealth of material become. This paper is but a hint of what is left unsaid. As Columbus caught sight of the Orinoco he exclaimed : "This river flows not from an island, but from a continent !" He was right. It drains 650,000 square miles, and receives the water of nearly three thousand tributaries. It is a fit symbol of the opulence of that vast and comparatively unknown continent of truth which psychology has begun to explore. We have hardly passed the portals. "A great door is opened unto us, and there are many adversaries" and difficulties to overcome. But science is unabashed, as slowly but surely onward she makes her solemn journey into this land of maze and mystery.

TRANSACTIONS.

MEDICO-LEGAL SOCIETY—APRIL SESSION.

PRESIDENCY OF CLARK BELL, ESQ.

Society met April 10, 1889. President Clark Bell in the chair. Albert Bach, Esq., Secretary.

The minutes of March meeting read and approved.

On recommendation of the Executive Committee, the following gentlemen were elected, on recommendation of President Bell :

ACTIVE.

Milton Brown, Esq., Garden City, Kansas ; Benj. Lee, M. D., Sec. Pa. State Board of Health, 1532 Pine street, Philadelphia, Pa ; F. Labadie, M. D., 157 W. 22d street, N. Y. City ; LeGrand Young, Esq., Salt Lake City, Utah ; Daniel Jordan, Esq., Fredricton, N. B. ; Morris S. Guth, M. D., Asst. Physician Pa. State Insane Asylum, Warren, Pa. ; Judge Granville P. Hawes, New York City ; Harold P. Brown, Esq., 201 W. 54th street, N. Y. City ; Hon. R. B. Stone, Pres. Board Trustees, Pa. State Hospital, Bradford, Pa. ; Hon. Chas. W. Weldon, St. Johns, N. E. ; Dr. J. Kopke, Asst. House Surgeon, Skin and Cancer Hospital, Fordham Heights, N. Y. City.

Proposed by Dr. J. H. Haviland : Wm. D. Lawrence, M. D., Minneapolis, Minn. ; By Dr. S. H. Talcott, Dr. Alonzo Potter Williamson, Supt. etc. Middletown, N. Y. ; By Dr. Ed. Payson Thwing, Dr. C. Spencer Kinny, Asst. Supt. Middletown, N. Y. ; By J. Mount Bleyer, M. D., Maxamillian Toch, of N. Y. ; By Dr. Connolly Norman, John F. Taylor, Esq., 61 Harcourt Street, Dublin, Ireland.

CORRESPONDING.

Proposed by Clark Bell, Esq., Prof. Dr. Angelo de Gubernatis, Italian Parliament, Rome; Prof. Senator Francesco Duranti, Rome; Dr. J. G. Pinkham, Lynn, Mass.; and for Honorary Member, Prof. Charcot, of Paris, France.

The paper of the evening was read by Matthew D. Field, M. D., entitled: "The Lebkuchner Case," and discussed by Messrs. Albert Bach, M. Ellinger, President Bell, and others.

Prof. E. P. Thwing read a paper entitled "A Clinical and Forensic Study of Trance."

President Bell laid before the Society the report of the Committee on Insane of State Board of Charities, as presented to the New York State Legislature. Final discussion followed, after which the following resolutions were adopted: (*vid*, copy at page 92).

The Chair announced Committee on bill pending before New York Legislature, to establish a commission of Lunacy:

Judge Hawes, Chairman, Hon. John F. Dillon, Col. R. L. Ingersoll, and Hon. Jacob F. Miller.

On motion, the President was added to the committee.

The President announced the death of Hon. Stanley Matthews, of the Supreme Court of the United States, and paid an eloquent tribute to his character and public services.

It was moved and carried that the Chair name a committee to prepare and submit appropriate memorial notice of Judge Matthews.

Society adjourned.

ALBERT BACH,
Secretary.

MEDICO-LEGAL SOCIETY—MAY SESSION, 1889.

PRESIDENCY OF CLARK BELL, ESQ.

May 8th, 1880. Society met at Hotel Buckingham, President Bell in the chair, Dr. Frank H. Ingram acting as Secretary. On recommendation of the Executive Committee the following gentlemen were elected active and corresponding members:

ACTIVE.

Proposed by President Bell: Richard D. Young, Esq., 100 William street, N. Y.; Roderick B. Seymour, Esq., Corporation Attorney, Jersey City, N. J.

Proposed by Prof. Vaughn: Prof. H. W. Rogers, of Ann Arbor University, Michigan

Proposed by E. Mather, M. D.: Dr. Henry Arthur Albutt, Leeds, England.

Proposed by Judge H. M. Somerville, of Ala.: R. H. Pearson, Esq., Chairman Ala. Lunacy Commission, Birmingham, Ala.

Proposed by Benno Lewry, Esq.: Charles Strauss, Esq., 237 Broadway, N. Y.

Proposed by Judge Normile, of St. Louis, Dr. J. K. Banduy, St. Louis.

CORRESPONDING.

Proposed by R. B. Kimball, Esq.: Dr. Sidney Phillips, London.

Proposed by President Bell: Prof. Godeken, professor Medical Jurisprudence in University at Copenhagen, Denmark; Dr. Droineau, of Paris, General Superintendent of Insane Asylums; Dr. I. Craene, Superintendent of Insane Asylum and Vice-President Belgium Society of Mental Medicine, Prof. D. Vleminckx, Medico Legal-clurist, Brussels, Belgium, and Dr. Lutaud, of 25 Boulevard Hausman Paris, France.

The President called Mr. Ellinger to the chair and read

a paper entitled "*Belgium and her Insane Institutions*," for which on motion a vote of thanks was tendered him.

The paper by H. M. Hyzer, of Janesville, Wis., was then read: "*The Insanity of Childbirth in its relations to Infanticide*."

The Chair announced that Governor Beaver had again signed a reprieve [in the case of Mrs. Whiteling to May 24, 1889, and read the following letter sent to Governor Beaver by the president:

NEW YORK, March 30, 1889.

To His Excellency Governor Beaver of Pennsylvania, Harrisburg, Pa.

HONORED SIR:

I have to thank you in the name of the Medico-Legal Society of New York for the reprieve which you have granted in the case of Mrs. Whiteling.

You will learn that Mrs. Lebkuchner, who was tried here for the murder of her children by poisoning, was yesterday acquitted by the jury on the ground of insanity, though the District Attorney made a vigorous effort to convict, and a preliminary jury had before the trial found her sane and subject to trial. This woman used the same poison Mrs. Whiteling used—"Rough on Rats"—but the case did not show hallucinations, as that of Mrs. Whiteling did show.

Distinguished alienists outside of Pennsylvania have forwarded to me their opinions based upon the reliable statements contained in the brief of Dr. Alice Bennett, submitted to your Board of Pardons, that Mrs. Whiteling was undoubtedly insane, among whom I mention Dr. W. W. Godding, of Washington, D. C.; Dr. P. Bryce, of Tuscaloosa, Ala.; Dr. C. A. Rice, of Meridian, Miss.; all superintendents of insane asylums, as well as the prevailing opinion at the discussion before the Medico-Legal Society on the 13th inst., copies of which I will forward to your excellency as soon as I can have them prepared.

I desire, sir, to call your attention to the wisdom and executive duty of now appointing a commission to examine this unfortunate, for the purpose of determining as well her present mental state, as her state at the time of the murder.

Under the law of England, such an inquisition can be ordered after conviction and sentence, and if that commission report her insane, she is confined in an insane asylum during her Majesty's pleasure.

In this State, such a proceeding may be taken before and after trial and conviction, and such a step has been taken by Governor Cleveland and by Governor Hill, of which I send you memorandums at pages 6 and 7 of a paper entitled "*Shall we hang the insane who commit homicides*," read by me before the Medical Jurisprudence Society, of Philadelphia, April 14th 1885. of which I send you a copy.

In England recently, Gladstone and Cole, both convicted of killing their children, were thus found insane after conviction, where the defense of insanity had been interposed, and sent to Broadmoor Asylum (p. 5, same paper). Sec. 1 and 2, Acts of 1874, p. 160, Laws of Pa., gives your Courts power in such cases.

While there is no statute in your State conferring the express power, as in New York given by Laws of 1871 (vid. p. 8, same paper, for a copy), there is little doubt but the power existed in the Pennsylvania executive to designate such a commission, as was held in New York prior to the passage of the Law of 1871 (vid. p. 31). I urged the passage of a law to make it compulsory upon the governor in your State to do this (p. 31 and 39).

Your legal advisers, the Constitutional lawyers of your State, will agree with me, that you have the power to name such a commission. The question is, has the occasion arisen to make it proper for you to exercise this power? I venture to urge upon you that it has.

1. While you have not the pardoning power or the power of commutation, you have the power of reprieve, and the present exercise of this power enables you to protect the fair fame of the State, by the report of a Commission of Experts of so high position, as to make its decision that Mrs. Whiteling is sane, if she is so, as did the commission named by Governor Cleveland in the case of Wm. Henry Ostrander, and also in the case of George H. Mills, when Governor Hill named the commission.

2. The present decision of your Board of Pardons in refusing to commute her sentence must be based on the assumption that she is not insane, and while a general public opinion to the contrary exists, among distinguished alienists, it is most fortunate for Pennsylvania that her Governor has given time, to take such an opinion from your highest authorities, as will either concur in the wisdom of the Board's action, or if differing with that Board as to her mental state, perhaps be the means of a reconsideration of their past action. I have the honor, sir, in the name of the Medico-Legal Society, to ask you to name such a commission at an early day.

It cannot possibly do harm. It can only do good. If the commission agree that she is not insane, you will agree that it should settle discussion. If they find her insane, the Board of Pardons will, of course, feel it proper to reconsider. It is not the life of Mrs. W. alone that is important (though we ought never to regard that as of little weight). It is the question behind it all, of how best to meet these questions. In any event, you would never regret such an action no matter what the result, and you would help as well to vindicate the majesty of the law, as to protect the fair name of the Commonwealth of Pennsylvania.

Very faithfully yours,

CLARK BELL.

After general discussion, the following resolutions were adopted:

Resolved, That the thanks of the Medico-Legal Society of New York be tendered Governor Beaver of Pennsylvania for the exercise he has made of

the prerogative of reprieve in the case of Mrs. Whiteling under sentence of death in that State.

Resolved, That the further exercise of that prerogative, if necessary, until such time as a satisfactory decision has been reached by a competent commission of distinguished alienists as to her sanity at the time of the homicide, would entitle him to the thanks and admiration of all right minded people.

Resolved, That the President of this Society be requested and authorized to designate two or more eminent experts of acknowledged and recognized position to examine into the mental state of Mrs. Whiteling at the time of the homicide, and at the present time, who would act in conjunction and co-operation with any committee hereafter to be named by the Governor or other authorities of Pennsylvania, and report their opinions and conclusions to this body.

The Chair announced the Committee on County Institutions for the Insane and submitted a preliminary report, which was on motion approved. The Committee were as follows :

Committee of Medico-Legal Society on the Resolution of April, 1889, regarding the condition of the Insane County Asylums in the State of New York :

Clark Bell, Esq., Chairman, 57 Broadway, N. Y. City.
 James O. Fanning, Esq., of Albany Co., Albany, N. Y.
 Wm. C. Wey, M. D., of Chemung Co., Elmira, N. Y.
 F. W. Higgins, M. D., of Cortlandt Co., Cortland, N. Y.
 W. G. Stevenson, M. D., of Dutchess Co., Poughkeepsie, N. Y.
 Lucy M. Hall, M. D., of Kings Co., Brooklyn, N. Y.
 Albert Bach, Esq., of 140 Nassau Street, New York.
 S. Tucker Clark, M. D., of Niagara Co., Lockport, N. Y.
 A. P. Williamson, M. D., of Orange Co., Middletown, N. Y.
 D. R. Burrell, M. D., of Ontario Co., Canandaigua, N. Y.
 L. A. Tourtellot, M. D., of Oneida Co., Utica, N. Y.
 E. N. Carpenter, M. D., of Suffolk Co., Amityville, N. Y.
 Jas. J. O'Dea, M. D., of Richmond Co., Stapleton, N. Y.
 O. F. Cobb, M. D., of Rensselaer Co., West Troy, N. Y.
 John Lambert, M. D., of Washington Co., Salem, N. Y.
 R. L. Parsons, M. D., of Westchester Co., Sing Sing, N. Y.
 Frank H. Ingram, M. D., of New York, Secretary.

Mr. Ellinger from the Sub-Committee of Arrangements for the International Medico-Legal Congress made

report, that invitations had been extended to the various Medical and State Societies and to the Medical and State Bar Associations to send delegates, several of whom had forwarded the names of delegates to the Congress.

The Chair announced the following Committees on the International Congress :

COMMITTEE ON INTERNATIONAL CONGRESS:

CLARK BELL, Chairman, of New York.

Judge H. M. Somerville, of Alabama.	R. E. Smith, M. D., of Missouri.
H. C. Dunavant, M. D., of Arkansas.	Judge Locke E. Houston, of Mississippi.
Jennie McCowen, M. D., of Iowa.	Judge R. B. Westbrook, of Pennsylvania.
A. N. Drake, M. D., of Kansas.	Geo. D. Wilcox, M. D., of Rhode Island.
H. K. Pusey, M. D., of Kentucky.	Middleton Michael, M. D., of S. Carolina.
Chief Justice E. Bermudez, of Louisiana.	Arthur S. Wolff, M. D., of Texas.
Jas. T. Ringold, Esq., of Maryland.	Wm. James Parker, M. D., of Tennessee.
Ed. J. Cowles, M. D., of Massachusetts.	Jos. Draper, M. D., of Vermont.
Dr. Henry B. Baker, of Michigan.	W. F. Drewry, M. D., of Virginia.
Prof. W. A. Hall, of Minnesota.	Ex-Gov. W. C. Squire, of Wash'ton Ter.
Prof. H. Aubrey Husband, of Manitoba, B. C.	S. B. Buckmaster, of Wisconsin.
Daniel Clark, M. D., of Toronto, Canada.	Judge W. H. Francis, of Dakota.
H. E. Desrosiers, M. D., of Montreal, Can.	Judge M. W. Montgomery, of D. C.
J. T. Steeves, M. D., of New Brunswick.	Dr. Connolly Norman, of Ireland.
Simon Fitch, M. D., of Nova Scotia.	Dr. W. W. Ireland, of Scotland.
Joaquin G. Lebrado, of Cuba.	Prof. Dr. Arthur P. Luff, of England.
Dr. Louis Penard, of France.	Souza Lima, M. D., of Brazil.
Prof. Dr. Furstner, of Germany.	Senor Don Manel Contreras, of Mexico.
Dr. G. E. Bentzen, of Norway.	Prof. M. Benedict, of Austria.
Prof. Senator Andrea Verga, of Italy.	Dr. A. M. Alvarez Taladriz, of Spain.
Prof. Dr. Paul Kowalewsky, of Russia.	Dr. Bettincourt Rodrigues, of Portugal.
Prof. J. Lehman, of Denmark.	Dr. Jose Monteros, of Guatemala, S. A.
Ed. M. Perez, M. D., of Bueno Ayres, S. A.	Dr. Cowen, of Holland.
Her man Kornfeld, M. D., of Silesia.	Jules Morel, M. D., of Belgium.
Dr. Geo. P. Tucker, of New South Wales.	Prof. Dr. F. Von Holtzendorf, of Bavaria.
W. H. S. Bell, Esq., of South Africa.	Prof. Axel Key, of Sweden.
Prof. Dr. L. Wille, of Switzerland.	Prof. Dr. J. Maschka, of Bohemia.

SUB-COMMITTEE.

MORITZ ELLINGER, Chairman.

Dr. Isaac Lewis Peet.	Ex-Judge Noah Davis.
Stephen Smith, M. D.	E. W. Chamberlain, Esq.

SUB-COMMITTEE ON RECEPTION.

Samuel Wesley Smith, M. D.	Roger Foster, Esq.
Frank H. Ingram, M. D.	Chas. F. Stillman, M. D.
Benno Loewy, Esq.	William G. Davies, Esq.
Fred. Peterson, M. D.	The President.

SUB COMMITTEE ON PUBLICATION.

Albert Bach, Esq.,	J. Mount Bleyer, M. D.
W. G. Stevenson, M. D.	The President.

SUB-COMMITTEE ON BANQUET, FRIDAY, JUNE 7, 1889.

J. MOUNT BLEYER, Chairman.

G. B. De Moise, M. D.
 Chas. H. Shepard, M. D.
 G. F. M. Bond, M. D.
 Thos. Cleland, M. D.
 M. J. B. Messemer, M. D.
 Elon N. Carpenter, M. D.
 Wm. L. Baner, M. D.
 L. Bergheim, M. D.
 Nelson Smith, Esq.

Wm. M. Lyddy, Esq.
 Ed. C. James, Esq.
 Judge S. Burdett Hyatt,
 J. Ababarnell, Esq.
 Judge S. M. Ehrlich.
 Henry Guy Carleton, Esq.
 Judge M. S. Isaacs.
 The President.

SUB-COMMITTEE ON MUSIC AND DECORATION.

BENNO LOEWY, Esq., Chairman.

D. Clark Briggs, Esq.
 Z. S. Sampson, Esq.
 Jeff. M. Levy, Esq.
 H. A. Mott, Jr., Esq.
 E. C. Dent, M. D.
 Sam. D. Sowards, Esq.
 Albert Bach, Esq.

Mathew D. Field, M. D.
 Seneca D. Powell, M. D.
 Chas S. Milne, M. D.
 W. W. McFarland, M. D.
 J. H. Donlin, M. D.
 Wm. F. Holcombe, M. D.
 W. M. Fleming, M. D.

The President.

Which were on motion approved.

The arrangements for the banquet on 7th June at Hotel Marlborough were approved.

Invitations from Commissioners of Charities and Corrections to the Congress to visit the city institutions on Thursday afternoon, May 6th, was read and on motion accepted, with thanks of the Society.

The Chair read correspondence of the President with Messrs. Steinway & Sons, in which the latter tendered the use of their hall for the Congress.

On motion the thanks of the Society were voted Messrs. Steinway & Sons for the favor and courtesy.

The Chairman of Committee of Arrangements, Mr. Bell, presented the following preliminary programme of the Congress, subject to modification, which was on motion approved by the Society.

AMERICAN INTERNATIONAL CONGRESS

OF

MEDICAL JURISPRUDENCE.

To be held under the auspices of the MEDICO-LEGAL SOCIETY of New York, at
STEINWAY HALL, New York City, June 4, 5, 6 and 7, 1889.

PROGRAMME.

OPENING CEREMONIES.

FIRST DAY, Tuesday, June 4, 1889. Prayer by Rev. T. DE WITT TALMAGE.

MORNING SESSION, 10 A.M. Lieut. Governor EDWARD F. JONES in the Chair.

Addresses of welcome. By CLARK BELL, Esq., HON. CHAUNCEY M. DEPEW, Ex-Judge JOHN F. DILLON, Ex-Judge NOAH DAVIS, HON. JNO. S. WISE, HON. JOHN R. FELLOWS, ROGER FOSTER, MORITZ ELLINGER, by the Mayor and other Public Officials of the City of New York. and others. Enrolling Delegates. Election of Officers of the Congress, and appointment of Committees.

AFTERNOON SESSION, 2.30 P.M.

The President-elect in the Chair. CHEMISTRY, TOXICOLOGY and ELECTRICITY.

1. "*History of the Marsh Test for Arsenic and Modifications of the same*" By PROF. R. O. DOREMUS.
2. "*Nouveau procede pour la recherche des cristaux de l'emine du sang humaine.*" By DOT-TOR C. SPADARO, Puglia, Italy.
3. "*The Medico-Legal points in case of State of Michigan vs. Matthew Millard.*" By PROF. V. C. VAUGHAN, of Ann Arbor, Mich.
4. "*Electrical Distribution.*" By HAROLD P. BROWN, Esq., of New York City.
5. "*Sources of error in Micro-measurements in Medico-Legal Cases.*" By WM. J. LEWIS, M.D., of Hartford, Conn.
6. "*Medico-Legal History of the Deschamp Case; was it Rape, Insanity or Murder?*" By Y. R. Le Monnier, M.D., Coroner, New Orleans, La.
7. Discussion.

EVENING, 8 P.M.

Reception by Society to the Delegates to the Congress and invited guests. Musical programme in charge of Musical Committee, to be followed by *conversazione*.

SECOND DAY, Wednesday, June 5, 10 A.M. Prayer by Father THOMAS J. DUCEY.

in the Chair:

MORNING SESSION, 10 A.M.

ALCOHOLISM, INEBRIETY AND SUICIDE.

1. "*Criminal responsibility in Narcomania.*" By NORMAN KERR, M.D., of London.
2. "*Alcoholic Trance*" By T. D. CROTHERS, M.D., of Hartford, Conn.
3. "*License Laws.*" By CARL HORSCH, M.D., of Dover, N. H.
4. "*Drunkennes, its influence on Morals.*" By T. L. WRIGHT, M.D., Belfontaine, Ohio.
5. "*Suicide.*" By WM. LANE O'NEILL, LL.D., of New York.

6. Discussion.

AFTERNOON SESSION, 2.30 P.M.

INSANITY AND RESPONSIBILITY.

in the Chair:

1. "*The Legal responsibility of the Criminal Insane.*" By Judge H. M. SOMERVILLE, of the Supreme Court of Alabama.
2. "*The true legal test of responsibility of the Insane.*" By Judge M. W. MONTGOMERY, of the Supreme Court, Washington, D. C.
3. "*Feigned Insanity.*" By CONNOLLY NORMAN, M.D., of Ireland.
4. "*Eccentricities of Insanity*" By Ex-Chief Justice NOAH DAVIS of New York City.
5. "*Volitional Insanity*" By AUSTIN ABBOTT, Esq., of New York City.
6. "*The Disposition to be made of 'criminal Lunatics.'*" By W. W. GODDING, M.D., of Washington, D. C.
7. "*Change of character a legal criterion in Insanity.*" By C. H. HUGHES, M.D., of St Louis, Mo.
8. "*The Criminal Insane.*" By SAMUEL WESLEY SMITH, M.D., State Commissioner in Lunacy of New York.
9. "*Separate Hospitals for Insane Convicts.*" By CLARK BELL, Esq., of New York.
10. Discussion.

THIRD DAY, Thursday, June 6, 1889. Prayer by Rev. Dr. G. COTTRELL.

MORNING SESSION, 10 A.M.

in the Chair:

PSYCHOLOGY AND PSYCHIATRY.

1. "*The Legal aspects of Hypnotism.*" By BENNO LOEWY, Esq., of the New York Bar.
2. "*A study of the Skulls of Criminals.*" By FREDERICK PETERSON, M.D., of New York City.
3. "*Mental Epidemics.*" By MORITZ ELLINGER, Esq. of New York.
4. "*Some Forensic Features of Psychology.*" By EDWARD P. THWING, M.D., of Brooklyn.
5. "*Freedom of the Will.*" By C. A. F. LINDORME, M.D., of Florida.
6. "*Philosophy of Criminal Law.*" By REV. WM. TUCKER, LL.D., of Ohio.
7. "*Power to transmit and record Language.*" By R. S. GUERNSEY, Esq., of the New York Bar.
8. "*The Abolition of the Coroner in Massachusetts.*" By THEO. H. TYNDALE, Esq., of the Boston Bar.
9. Discussion.

AFTERNOON.

in the Chair:

An excursion to the New York City Institutions for the Insane, as guests of the Commissioners of Charities and Corrections of the City of New York. The Department Steamer will leave the dock foot of East 26th Street at 1.30 o'clock P.M. Tickets obtained from officers or members of Society.

FOURTH DAY, Friday, June 7, 1889. Prayer by Bishop E. G. ANDREWS.

MORNING SESSION, 10 A.M. CHIEF JUSTICE BERMUDEZ, of Louisiana, in the Chair:

EXPERT TESTIMONY AND MISCELLANEOUS.

1. "*Medical Expertism in the Old World.*" By A. WOOD RENTON, Esq., of London.
2. "*Expert Testimony in Homicide Cases.*" By Judge WM. H. FRANCIS, of Dakota.
3. "*Medical Expertism considered from its Legal and Medical standpoint.*" By T. GOLD FROST, Esq., of the Minnesota Bar.
4. "*An ideal Asylum for Insane in a new State.*" By STEPHEN SMITH, M.D., of New York City.
5. "*Shall we have an American Penal Colony?*" By H. S. DRAYTON, M.D., of New York City.
6. "*Live Birth in its Medico-Legal Relations.*" By PROF. JOHN J. REESE, of Pennsylvania.
7. "*Life Insurance.*" By HON. DANIEL JORDAN, of Fredricton, N. B.
8. "*Abortion.*" By a member of the Medico-Legal Society.
9. Discussion.

AFTERNOON SESSION, 2.30 P.M.

in the Chair:

"The programme to be hereafter announced."

EVENING:

The banquet at the MARLBOROUGH, Broadway and 36th Street, at 7.30 P.M., tickets for which, for Delegates to the Congress, Members of the Society and their friends can be secured in advance from any member of the committee or from the officers of the Society, at \$2.00 each any time prior to June 1, 1889.

This is a preliminary programme, and is made subject to modification, of which due notice will be given.

By order,

CLARK BELL

Chairman Com. of Arrangements.

M. ELLINGER

Corresponding Secretary.

On motion of Dr. Ingram, the chair was authorized to name delegates of the Society to the Paris Congresses and to British and Continental Societies.

On motion, the president, Mr. Clark Bell, was named as a delegate to the Paris Scientific Congresses and to all British and Continental Societies.

The president, Mr. Clark Bell, made the announcement of the death of the following corresponding mem

bers: Prof. Franz Von Holtzendorf, Prof. Dr. Ludwig Schlager, Prof. W. H. O. Sankey, and pronounced a eulogy upon the life, character and public service of Professor Von Holtzendorff. He also paid a high tribute to the career of Professor Schlager, and spoke feelingly of the life and career of Dr. Sankey, who had contributed a paper to the body in the case of Yseult Lucille Dudley.

Mr. Ellinger spoke of the influence of Professor Von Holtzendorff in popularizing scientific knowledge by his works.

On motion of W. Lane O'Neill, the Chair was directed to name a committee to prepare a suitable memorial as to the life, character and career of these distinguished names.

The Society ordered that the June meeting of the body be dispensed with, giving the Executive Committee power by a quorum to elect members during the summer vacation. The Chair named as Committee Professor Wharton, Judge Matthers and others, under the resolutions of the body: Roger Foster, Esq.; Matthew D. Field and Mrs. M. Louise Thomas.

On motion society adjourned.

FRANK H. INGRAM,
Asst. Secretary.

EDITORIAL.

COUNTY INSTITUTIONS AND THE INSANE.

The subjoined action of the Medico-Legal Society, and the action of the committee, show the interest in the question, now fairly upon the people of the State, by Legislative action concerning measures to provide for State supervision of all the insane of the State in the State Institutions.

The present over crowded condition of the State Institutions no doubt, has largely contributed to the result reached by the Legislature.

It is doubtful if the State Institutions as now provided, could have met the issue, had the law passed.

At all events we must regard it common duty, to elevate the standard of care and treatment in county institutions, and help those in authority there, to remedy such abuses as do exist, and soon be rid of mechanical restraints, if such really are used as alleged. It is not the best way to remedy existing evils by assailing the administration of county asylums, until a fair effort has been made with their managers to reach an intelligent and just conclusion.

Those familiar with the working, of what has been known as county care of the insane, in the State of Wisconsin, speak in high praise of it.

Our own investigation of the colony system, as existing at Gheel in Belgium and Liernieux in the same country, and of similar experiments now going on in Scotland, in Germany, and under the new law in Massachusetts, providing for the care of the harmless insane, in country farm-houses; lead us to hope that all these claims should be considered, before we decide, that there

only fit place for a harmless incurable insane person, is in a State institution. Let us look at the question without fear, or prejudice and be governed by what seems best on trial.

At a meeting of the Medico-Legal Society of New York, held on Wednesday, April 10th, 1889, the following preamble and resolutions were, after discussion, unanimously adopted:

Whereas, by the Report of the State Board of Charities made to the Legislature in January, 1889, it appears from the report of the Standing Committee of that Board on the insane, that the condition, care and treatment of the insane in several of the county institutions, are not in consonance with their needs, nor with that furnished by the State institutions, and that mechanical restraints are used upon the patients, and their use left largely to the discretion of the attendants.

And whereas it appears from the report of A. E. McDonald, M.D., General Superintendent of the Insane of New York City, that "The Record of the Ward's Island Asylum in the matter of abstention from the use of seclusion or of mechanical restraint, has continued unbroken and recourse has not been had to either, since December 18, 1883."

And whereas the principle of the non-user of mechanical restraints has also been adopted in the State Asylum at Utica, N. Y., in the State Asylum for the Chronic Insane, at Willards, N. Y., and at the State Asylum for the Insane called criminals, at Auburn, N. Y., and at various other institutions, both in this State, and in many of the institutions of the various States of the Union and in the Canadas.

And whereas the influence of the State Board of Charities has been greatly impaired, and its advice has not secured in various quarters the respect or confidence of the managers of the county asylums or institutions, or the Board of Officers having these institutions in charge.

And whereas the condition, care and management of the insane, in these institutions in many of the counties of the State, as is reported by the said committee of the State Board of Charities, and as is generally believed by the public, is not in consonance with the civilization of our time, and is in violation of that duty which the people of the State owe to the unfortunate insane, thus exempted from the privileges, care and skillful treatment afforded by the State in its State institutions to the insane.

Now, therefore, Resolved, that a committee be appointed to investigate the whole subject;

To come into close and friendly relation with the officials in county asylums, and with the public authorities who control the same;

To advise, as to the best methods of remedying acknowledged existing evils;

To abolish the use of mechanical restraints;

To devise ways and means whereby these evils may be averted;

And to provide that the harmless insane may receive in such county institutions equal, if not better, care, than those in State institutions.

To report to this body what steps, or what legislation is necessary, to meet the exigencies of the case, to improve the condition of the insane in the county asylums, and relieve the overcrowding of the State institutions, and that this committee have power, to visit and inspect institutions, to take evidence, examine persons and papers, to appoint and name reliable visitors in any part of the State, to keep a record of their labor visitation and work, and report the result of their labors with their recommendations to this body.

ALBERT BACH

Secretary.

The following committee was appointed under the resolution by the chair:

Committee of Medico-Legal Society on the Resolution of April, 1889, regarding the Condition of the Insane County Asylums in the State of New York.

Clark Bell, Esq., Chairman, 57 Broadway, N. Y. City.
 James O. Fanning, Esq., of Albany Co., Albany, N. Y.
 Wm. C. Wey, M.D., of Chemung Co., Elmira, N. Y.
 F. W. Higgins, M.D., of Cortland Co., Cortland, N. Y.
 W. G. Stevenson, M.D., of Dutchess Co., Poughkeepsie, N. Y.
 Lucy M. Hall, M.D., of Kings Co., Brooklyn, N. Y.
 Albert Bach, Esq., of 140 Nassau Street, New York.
 S. Tucker Clark, M.D., of Niagara Co., Lockport, N. Y.
 A. P. Williamson, M.D., of Orange Co., Middletown, N. Y.
 D. R. Burrell, M.D., of Ontario Co., Canandaigua, N. Y.
 L. A. Tourtellot, M.D., of Oneida Co., Utica, N. Y.
 E. N. Carpenter, M.D., of Suffolk Co., Amityville, N. Y.
 Jas. J. O'Dea, M.D., of Richmond Co., Stapleton, N. Y.
 O. F. Cobb, M.D., of Rensselaer Co., West Troy, N. Y.
 John Lambert, M.D., of Washington Co., Salem, N. Y.
 R. L. Parsons, M.D., of Westchester Co., Sing Sing, N. Y.
 Frank H. Ingram, M. D., of New York, Secretary.

This committee met pursuant to call of the Chairman, on Thursday May 9, at the Union League Club in the City of New York, at 3 o'clock P.M.

After discussion the letters signed by the Chairman and Secretary, dated May 9, 1889, was unanimously approved, on motion of Dr. S. Tucker Clark of Lockport, and a copy of the same and of the action of this Committee ordered to be sent to the Overseers of the Poor, Superintendents of County Asylums, physicians

in charge or visiting physicians of each County Institution, and to prominent citizens of each county in the State. This letter was as follows:

MEDICO-LEGAL SOCIETY, }
No. 57 BROADWAY, NEW YORK, May 9, 1889. }

DEAR SIR:

We have the honor to enclose a copy of the action of the Medico-Legal Society of New York based upon the Annual Report of the Standing Committee of the State Board of Charities on the Insane transmitted to the Legislature January, 1889.

We desire to have an inspection made of your county institutions by unbiased and fair men, and to co-operate with you in any steps that may be reached, as tending to ameliorate the condition of the insane in our county asylums.

We wish you to co-operate with us, in action looking to the abolition of mechanical restraint in the care and treatment of the insane, which has been wholly dispensed with in so many institutions where the violent insane are kept; and we desire to enlist local visitation and inspection by medical men and prominent citizens, the result of which we hope will be to elevate the standard of both care and treatment of the insane, in county institutions, and place them in the very front rank, as means of care and even cure of the unfortunates, who thus come under your care.

We shall name local committees to co-operate in our work, and, if possible, in each or contiguous counties, and we trust you will do all in your power in the same direction, to the end that false public opinions or impressions may be corrected, and a higher standard attained in the work of your institutions.

We shall esteem it a favor if you furnish us, with the names and addresses of your officials and visiting or resident physicians, and the names and addresses of any local visiting committees, who actually visit your institutions.

We would also feel greatly obliged if you would name such prominent citizens of your county or vicinity, as would in your judgment co-operate in this work, and act in conjunction with the committee of this body, of which I send you a list in the accompanying papers.

Very respectfully yours,

CLARK BELL,
Chairman.

FRANK H. INGRAM,
Secretary.

The following letters were read from members of the committee unable to be present.

STAPLETON, RICHMOND Co., May 7, 1889.

DEAR SIR :—I am sorry that my duties here will deprive me of the pleasure of being present at the meeting of the Committee on County Insane Asylums to be held at the Union League Club, on the 9th of this month.

But I can say for myself that I shall co-operate with the committee in their humane efforts to improve the condition of the County Asylums of this State.

I agree with your circular letter that these asylums should not be antagonized, but made more efficient. Judging from what I know and hear concerning the care and treatment of the insane in the almshouse of this county, I opine there is much room for reform here.

I am yours very truly,
JAMES J. O'DEA.

CLARK BELL, Esq., Chairman.

CORTLAND, N. Y., May 7, 1889.

DEAR SIR:—It will be impossible for me to attend the meeting of the Committee on County Insane Asylums on May 9.

My own views coincide with those of the physicians of this county, and also with what I suppose to be those of the committee of the Medico-Legal Society, *i.e.* that we should do all in our power to prevent the measure proposed to dismantle and give up our County Insane Asylums.

I suppose it is impossible to give any reasons not already clearly placed before your committee. Those that have the most weight with me are:

The fact that in many counties—of which our County of Cortland is one—new buildings have recently been erected at considerable expense for the care of our own chronic insane. In case of central care for them, this outlaying would be a dead loss, and the whole cost of their care would have to be paid each year in cash by the county.

The idea that central care is needed, in order to obtain proper medical attention is wrong, for now all acute and curable cases are sent to the State Asylums. The State Asylum for Incurables at Binghamton is under homeopathic supervision, and as I understand from a resident physician, practically no medicines or even hypnotics are administered.

There is much doubt whether better nursing or care would be given to these chronic cases in a larger institution than they now have. Our present method is certainly more like the popular pavilion hospital, and the European cottage care of the insane.

I think that for the patients who retain some reason, and for their friends, it is much pleasanter to remain in their own county where they can enjoy an occasional visit, or some addition to their wardrobe or fare. Even these little things are worth considering, in regard to those whose whole remaining life is doomed to confinement.

Then, too, it is often a great convenience to have in the county, a place where suddenly developed acute cases, can be cared for a few days, until an exact diagnosis can be made, or plans matured for their better care.

Judging from my own observation, in spite of the specious arguments for the proposed amendment, I am strongly in favor of the present plan of caring for our chronic insane.

Respectfully,
F. W. HIGGINS.

To Hon. CLARK BELL, Chairman.

ELMIRA, N. Y., May 5, 1889.

HON. CLARK BELL, President Medical-Legal Society, New York.

DEAR SIR :—I am in receipt of your note of the 2d instant, enclosing an extract from the proceedings of the Medico-Legal Society of the 10th of April last.

The work proposed in your society is largely undertaken by or through the State charities aid association, and its local (county) organizations. In this county (Chemung), in which I have the honor to be the chairman of the local committee of said association, monthly visits are made to the poor-house by members of the organization named for that purpose, who have cognisance of the laws which forbids lunatics and others, of the exempted classes, from being confined in those receptacles. The consequence has been that not a single lunatic has been kept in the poor house in this county for several years, and that children, of the age mentioned in the law, are promptly sent to asylums for care and education.

There are not receptacles for the detention or treatment of insane persons in this county. In counties exempted from the operation of the Willard Act, as in the county of Tioga, adjoining, the pauper and indigent insane are cared for by the local authorities, and in such places as I am well convinced, many indignities are heaped upon the heads and bodies also of the unfortunate inmates.

While I am not only willing, but glad to act with others to ameliorate the condition of the insane in *all* public institutions, I cannot but think the purpose of the Medico-Legal Society, inclusive of the State Asylums, is quite out of order. Exclusive of them, however, and taking in the county asylums, I think it possible to do much good, in the line of the present inquiry. But, above all this, I think the progress of the Batcheller Bill, as it is called, should be furthered. That bill secured in its passage, and the demands of civilization, on the subject of the confinement of the indigent insane in our State, will have been largely accomplished.

Permit me to suggest that your society use all honorable means to secure the passage of the Batcheller Bill, or a step to bring about the ends proposed in your action on the 10th of April last.

Truly yours,
W. C. WEY.

POUGHKEEPSIE, N. Y., May 8, 1889.

CLARK BELL, Esq., Chairman Medico-Legal Society, New York.

DEAR SIR :—Unable to be present at the meeting of the committee appointed to inquire into the condition of the insane—their care and treatment—in the county almshouses of this State, I avail myself of this opportunity to express my approval of the object you have in view, and to give my opinion in favor of the removal from the almshouses of all *insane epileptic and idiotic persons*—to such State asylums or hospitals as are specially provided for the care of such persons.

From an economic point of view alone, perhaps the evidence would be against such a transfer, but there are other factors involved in this ques-

tion which outweigh the mere "cost of keeping" argument so frequently used. It is not necessary, however, at this time to discuss this feature of the question.

Whatever service I may be able to render your committee in the work before it may be freely commanded.

Yours truly,
W. G. STEVENSON.

WEST TROY, N. Y., May 8th, 1889.

HON. CLARK BELL, President Medico-Legal Society :

DEAR SIR:—Your letter of the 2d of May at hand with copy of action of Society based upon the annual report of Standing Committee of State Board of Charities, also preamble and resolution of our Society adopted at meeting of April 10th. I regret very much that I am unable to attend the meeting of committee to-morrow, but rest assured that I will do all in my power to carry out the wishes of the Society in these matters that shall in any way tend to improve the insane in our county asylums, and any action that the gentlemen of the committee may take in the matter I shall heartily concur in. Please inform me if there are any duties you wish me to perform or report you desire me to make, such as inspection and visits to the County Asylum.

I shall surely attend all future meetings of this committee on this subject, as I deem it one of vital importance and not to be lightly treated. Had I received your letter earlier I would have been able to report on the condition of Rensselaer Counties Asylum. I wish to receive any suggestions you may have to make. I will call on and consult with James O. Fanning, Esq., of Albany, for whose opinion in such matters I have great respect. He will undoubtedly give me much valuable information.

I hope you will have a pleasant and profitable meeting, and regret very much my inability to be present.

Sincerely yours,

O. F. COBB, M. D.

SALEM, Washington Co., N. Y., May 6, 1889.

TO CLARK BELL, Esq., Chairman of Committee Medico-Legal Society on
Resolution on Insane County Asylums :

DEAR SIR:—Your communication at hand. I regret not being able to attend meeting of the committee on the 9th inst. As I regard the subject one of much importance to our unfortunate insane, I shall gladly co-operate cordially in every effort to secure better care for the insane at our county house, and, if desired, I can organize an efficient working committee who will leave nothing neglected in the matter.

Our county house is pleasantly situated on a large farm in a rural district, and the best possible arrangements could easily be made for an enlightened care of insane inmates.

The only special provision now made for them consists of three strong cells, "where they may be securely kept and left to pound it out." The general management of the institution is good.

Hoping that the committee may have a pleasant meeting pregnant with beneficial results,

Very truly yours,

JOHN LAMBERT, M. D.

UTICA, May 6, 1889.

HON. CLARK BELL, President, etc.:

MY DEAR SIR:—As I shall not be able to meet with the committee to consider the subject of county insane asylums on the 9th inst., I take leave to write to you.

The attempt to abolish county asylums for the chronic insane has no present hope of success. County officers and politicians are almost a unit against it, and they are all powerful with the legislature. Nor are the objections to the change from county to state care without some force. In the first place, they say it would be a step toward centralization and the giving up of that local rule which is an essential part of republican government. This is only theory, of course, but it is sound theory. Again, they declare that the state asylums are extravagant and corrupt in their expenditures, and that this is the source of still worse abuses. Doubtless the unchecked expenditure of state and other non-local funds by local politicians acting as managers of asylums will be corrupt, and it is a grave question whether we have not here a more prolific source of wrongs to the insane than the parsimony of county officials. Let us, if possible, correct this evil in the management of our state asylums before enlarging them and building others indefinitely. Such a reform is now promised through a bill to create a lunacy commission with full powers of supervision over insane asylums. It has already passed the assembly and will pass the Senate if the necessity for such a commission is fully impressed upon the public mind. Should not our society, which expresses the judgment of both the legal and medical professions in this state, be heard once and again in behalf of this proposed law?

I am, very faithfully yours,

L. A. TOURTELLOT.

GREENMONT, May 8, 1889.

CLARK BELL, Esq.; Chairman Medical-Legal Society.

DEAR SIR:—Your letter of May 2d, calling attention to a meeting of the Committee of the Medico-Legal Society on County Insane Asylums, accompanied by a circular printed letter and a printed copy of resolutions, was duly received.

The object of these documents, in so far as they have regard to the amelioration of the condition of the insane, meets my hearty and entire approval.

But I infer from the following passages that this movement on the part of the Medico Legal Society has for its object also, if not primarily, the encouragement of an increase in the number of county asylums for the insane and an organized opposition to any diminution in the number of those already existing; to wit, that "We should see to it that the county asylums shall not be antagonized:" and also the following, that "The harmless insane may receive in such county asylums equal, if not better care, than in State institutions.

Now, as I do not favor an increase in the number of county institutions for the insane; but a diminution on the contrary, I am opposed to measures which have for their object, either directly or indirectly, the perpetuation of county asylums.

The following are some of the reasons which leads me to favor State rather than county provision for the insane.

The insane can be deprived of their liberty by State law alone. Hence they are wards of the State and in any case their care and management should be under State supervision.

Past experience shows with great uniformity, that the insane have never been as well provided for under county as under State supervision and care; and this experience is likely to be perpetuated notwithstanding anything the Medico-Legal, or any other Society may undertake to do.

The small economies of small communities are opposed to the making of such expenditures as are required in the interest of the insane in counties which are limited in population. A provision for the proper classification of small numbers of the insane, for the proper separation of those who would be injurious to each other and the care of these when separated, would be unreasonably great. While it is desirable that such of the insane as are under public care, should be as near their friends as practicable, it is not wise to sacrifice proper care, to considerations of mere convenience or economy. The proper solution of the difficulty would be the establishment of asylums of such capacity, as would ensure proper accommodation and care as near as possible, to the center of population from which the patients are drawn. This could best be done by uniting several counties, if necessary, in one asylum district.

But asylums may be too large as well as too small. It would, I think, be better if the State Asylums were limited in the number of patients accommodated, and if they were judiciously distributed throughout the State, each asylum receiving and caring for all the cases occurring in their own district, requiring public care. The county asylums of New York and Kings are also open to this objection. The patients are too much aggregated and there are too many under one medical head. It is true that these counties are large enough to constitute States by themselves, but they are not free from the small economies and adverse political influences, which tend to unfit them for undertaking the care of the insane. It would not only be better for the patients, but for the counties themselves if their insane were under State control, as in the case of any other county. The Counties of New York and Kings pay considerably more than half the taxes of the State, and hence more than half the public expense of the State Asylums. If their county asylums were made State Asylums, they would

have all the advantages of the State Asylums, without any increased expense to the people of these counties.

A uniform system of State supervision of asylums would tend to produce a wholesome emulation on the part of the immediate management of each asylum, and so to the improvement of the service; but for such an influence to be efficient, the conditions under which the different asylums are placed should be substantially the same. This would never be the case under the county asylum system.

I am yours very truly,
RALPH L. PARSONS.

It was moved by Dr. E. N. Carpenter and carried that the members of the committee be requested to forward to the chairman of the Committee at once, the names of persons whom they would recommend to aid the committee in its labors in the several counties.

It was moved by Dr. S. Tucker Clark that the chairman of the committee be authorized to designate local committees in each county from the names so submitted and received or obtained from other sources, to the end that the work be at once initiated before the summer vacation. Carried.

The chairman was authorized to add to this committee, or fill vacancies in case of resignation or disability, and also in the sub-committees of visitation and inspection in the various counties.

The committee agreed to meet on Wednesday, June 5, at the International Congress of Medical Jurisprudence, to be held at Steinway Hall, in New York City, at such hour as should be hereafter fixed and announced by the chairman.

FRANK H. INGRAM, M.D.,	CLARK BELL,
<i>Secretary.</i>	<i>Chairman.</i>

**SERIES NO. 1, MEDICO-LEGAL PAPERS, ILLUSTRATED
EDITION.**

This volume is completed, and will be issued during the Medico-Legal Congress. It is a handsome book of

550 pp., and contains portraits and sketches of Guislain, Pinel, Wm. Tuke, Beck, R. Swaine Taylor, Geo. M. Beard and Stephen Rogers of the departed, and David Dudley Field, Jacob F. Miller, R. S. Guernsey, Charles S. Wood, Isaac Lewis Peet, Morris Ellinger and Clark Bell of the living American contributors to the science. It is delivered to subscribers for \$3.00 in cloth, and \$2.25 in paper, and member, libraries and others desiring this work will at once apply, as a limited edition has been published, each one of which is separately numbered, and the volumes will be entered on a list and delivered to subscribers in the order in which subscriptions are received. One hundred and thirty copies have been thus far subscribed for, and we trust the first issue of 500 will be taken during the coming summer.

THE PARIS SCIENTIFIC CONFERENCES.

The preparations for the scientific gatherings in August, at Paris, are on a large scale, and will draw leading minds from all countries to the French capitol.

We hope to spend a part of August at Paris. The delegates from the Medico-Legal Society to these conventions and to foreign bodies for the current year are Clark Bell, Esq., Chief Justice Bermudez already named, and such as may be named later by the president under the authority of the Society. Members who intend going abroad will please advise the president.

PORTRAITS OF DISTINGUISHED ALIENISTS AND MEDICO-LEGAL JURORS.

This Journal will shortly publish some portraits of prominent persons in the world of forensic medicine, to enable them to be placed in the hands of subscribers, members of the Medico-Legal Society and the two pro-

fessions, in a size and style suitable for framing, at a cost of \$1.00 each.

The plan is not yet perfected, but we shall issue the officers of the Medico-Legal Society who compose the Executive Committee as the first of the series. We hope also shortly to issue a series of groups of leading American alienists, which will be published from time to time.

A series of groups of Judges and Medico-Legal Jurists who have been identified with the Society.

A group of Belgian alienists, and, perhaps, those of other countries.

Much will depend upon how the effort is supported. Members who will enroll as subscribers for these publications will facilitate the movement, and if sufficient encouragement is given, we shall publish two or three of the series the present season.

THE AMERICAN INTERNATIONAL CONGRESS OF MEDICAL JURISPRUDENCE.

This event is of so much importance to the Medico-Legal Society that it dominates all else, and the June meeting of the Society will not be held for that reason.

The preliminary programme shows an imposing array of names and papers, and great preparations have been made to entertain the delegates by the members of the Society.

Steinway & Sons, with their usual liberality, tendered the use of their hall.

The city officials have arranged for a visit to the institutions on Thursday afternoon, June 5th.

The banquet will be given on Friday, at Hotel Marlborough, at 7:30, and close the affair. This Congress will draw together men from distant parts of the country

for interchange of ideas, and must awaken lively interest in the science of medical jurisprudence. The proceedings and principal papers will be published at length in a Bulletin to be hereafter issued and a brief resume of the proceedings will appear in our September issue.

We hope to go to press before the assembling of Congress.

It is impossible to give any accurate list of the delegates as we go to press.

The preliminary programme appears in transactions for May.

GROWTH OF THE MEDICO-LEGAL SOCIETY.

The increase of members to the Medico-Legal Society continues to be large. The additions since Jan. 1, 1889, for the five months have been: Active, 47; corresponding, 6; and honorary, 2—a total of 55 in four months.

The Society empowers the Executive Committee to make elections during the summer vacation, as there will be no meeting of the body till September next. We have little doubt that the additions of the present year will be quite as great as the last, and we are glad to notice the interest taken by members themselves in enlarging the membership and usefulness of the body.

The following delegates from American societies and associations have been already announced in advance:

THE MEDICO LEGAL SOCIETY OF CHICAGO—Dr. Ed. B. Weston, Chicago; Dr. D. R. Brown, Chicago, Dr. H. M. Bannister, Kankakee, Ill.; Dr. J. S. Kiernan, Chicago.

BAR ASSOCIATION OF BALTIMORE—Hon. J. Morrison Harris, Baltimore; Hon. Wm A. Fisher, Baltimore; David Stewart, Esq., Baltimore.

CAYUGA Co. MEDICAL SOCIETY OF N. Y.—Dr. Henry Coleman, Auburn; Dr. F. E. Maine, Auburn.

ATLANTA BAR ASSOCIATION, ALA.—Judge Geo. Hillyer, Judge W. R. Hammond.

SOCIETY FOR PROMOTING THE WELFARE OF THE INSANE—Dr. Amelia Wright, Mrs. M. Louise Thomas, Dr. B. F. Dexter, Dr. E. G. Cook, Mr. O. J. Woods, N. Y.

AMERICAN INSTITUTE OF HOMŒOPATHY.—Dr. A. P. Williamson, Middletown, N. Y.; Dr. J. B. Buck, Cincinnati, Ohio; Dr. N. Emmons Paine, Mass.; Dr. O. P. Runnells, Ind.; Dr. A. J. Sawyer, Mich.; Dr. J. C. Buyer, Pa.

ROCHESTER PATHOLOGICAL SOCIETY.—Dr. E. Wellulligan, Dr. J. O. Roe, Dr. Ogden Backus.

NEW YORK BOARD OF HEALTH.—Col. Wm. P. Prentice.

THE NEW YORK LUNACY COMMISSION.

We are glad to announce the success of the effort to create a State Lunacy Commission. The Medico-Legal Society has steadily and persistently favored such a Board for years

It is a step forward in lunacy legislation. Much will depend upon the selections made by the Governor.

Dr. Carlos MacDonald, who has been appointed Chairman of the Board by Governor Hill, is admirably equipped for the medical work of such a Board. He has had a large experience in the care and treatment of the insane in asylum practice continuously for the past twenty years, and latterly in the asylum for criminal lunatics at Auburn, as superintendent. The salary named, \$5,000, is rather small for the services of a man who devotes his life to such a work.

Mr. Goodwin Brown, who is appointed on the Board, is a graduate of Cornell, in class of 1875, and was Pardon Clerk under Governor Cleveland. He is in the new faculty of the Law School of Cornell University, and is an excellent appointment, though the salary is not half that which should be paid for a lawyer of position upon this Board.

The third appointment of Governor Hill is the Hon. Henry A. Reeves, former Member of Congress from the First District, and now representing Suffolk County in the Assembly. He is a journalist, a man of character and energy. He receives only a *per diem* allowance of \$10 per day for time actually expended.

The act provides that the present State Commissioner in Lunacy shall, for the unexpired portion of his time, be an additional member of the Board, at the same salary which he has hitherto received.

While the act is crude, and lacks many essential elements to place this Board where it should stand as responsible for the administration of the work in all our institutions for the State, it is cause of congratulation that we have started upon a new era in lunacy reform in New York, and the law will doubtless be revised hereafter to give the Board powers, as broad as those now conferred upon the English Board of Lunacy Commissioners.

The Legislature of Alabama has also passed an act, establishing a Board of Commissioners in Lunacy, drawn by Judge Somerville. The Governor has appointed as such Commissioners Hon. R. H. Pearson, of Birmingham, Ala., as Chairman, Dr. P. Bryce, of the State Asylum at Tuscaloosa, and Dr. R. P. Huger, of Anniston.

The latter two are members of the Medico-Legal Society from Alabama, and the Chairman was elected at last meeting on recommendation of Judge Somerville.

The Alabama Board is a very strong and capable one. They are charged with the duty of taking charge of the insane, called criminals in that State, where no separate asylum exists.

INSANITY—A PHYSICAL DISEASE OF THE BRAIN.

The decision of the Supreme Court of Michigan in *Blackstone vs. Standard Life & Accident Insurance Company*, is of far more importance, upon the question of legal responsibility, than might seem from a cursory

examination of the case. The opinion of the Court, by Mr. Justice Long, concurred in by his associates, (given *in extenso* elsewhere) brings the State of Michigan into line, with the settled law of New Hampshire, Alabama, the District of Columbia, upon the question of insanity and responsibility.

The Court held, after reciting Dr. Buckham's dicta, that "Insanity is a physical and not a mental disease," quoting from his treatise and his definition of insanity,

A diseased or disordered condition or malformation of the physical organs, through which the mind receives impressions, or manifests its operations, by which the will and judgment are impaired, and the conduct rendered irrational."

and the corollary of Dr. Buckham :

"Insanity being the result of physical disease it is a matter of fact to be determined by medical experts, and not a matter of law to be decided by legal decisions and maxims," as follows :

"Agreeing, as we do with the learned doctor that insanity is a physical disease, and a question of fact for determination in the case, let us see what has been determined by the jury, &c., &c."

It is a judicial legal holding, by the highest court of Michigan, in support of the advanced doctrine recognized by medical science throughout the world, that insanity is a physical disease, and its existence a question of fact to be determined like other questions on the trial, and is one step forward in the march of American judicial decisions, keeping the administration of the law abreast with the progress of scientific research, and Michigan we regard as now added to the advanced guard of American States, upon this interesting and important question so closely allied to the questions involved, regarding the criminal responsibility of the insane for their acts before the law.

THE CASE OF BISHOP—CATALEPSY—TRANCE.

The public mind is greatly excited regarding the as-

sault made upon a prominent physician, who conducted the autopsy, by the relatives of Washington Irving Bishop, charging that he was not dead, but slaughtered by the scalpel.

There is little resemblance between the muscular rigidity of catalepsy, and the *rigor mortis* of death.

Any tyro in the medical profession would readily recognize the difference.

The condition known as trance, to which Bishop was, as is alleged, subject, is a sleep like state, that comes on suddenly and spontaneously, apart from any known lesion of the brain, or toxic cause, from which the sleeper cannot be roused. This condition lasts for hours, and has in exceptional instances lasted for two weeks. (Madden). Initial rigidity and cataleptic rigidity are sometimes, though rarely observed, and in extreme cases when the depression of the vital function reaches an extreme degree, the sufferer appears dead to the casual observer, and sometimes even to careful observation. This state has been called "Death trance" (Sheintod.)

A high authority (W. R. Gowers), says of this condition, in which no sign of vitality can be recognized, the presence of life may be ascertained

1. By the absence of any sign of decomposition. 2. By the normal appearance of the fundus oculi, as seen with the ophthalmoscope. 3. By the persistence of the excitability of the muscles by electricity. This excitability disappears in three hours after actual death. In a case observed by Rosenthal thirty hours after supposed death, the muscles were still excitable, and in forty-four hours the patient awoke.

That sleeping sickness, known as "African lethargy" which afflicts the negroes of the West Coast of Africa, notably Sierra Leone and Congo regions, is one of the most remarkable and perhaps least understood, of this order of phenomena. It is usually fatal, lasts from three to six months, or even a year, and is a continuous sleep, until shortly before death.—(Quain).

The phenomena of trance so closely resembles in man that of death, that absolute signs of death have been carefully sought after by the profession.

Dr. Ferrier gives, as absolute signs of death :

1. Proof of the cessation of the action of the heart (which must not be confounded with cessation of the circulation, as in case of Col. Townsend and the India Fakery) neither of which, however, are scientifically authenticated. 2. The cooling of the body. 3. Hypostatis, or the gravitation of the blood to dependent parts, giving rise to discolorations of a well known kind, (not, however, to be confounded with ecchymosis or extravasations). 4. Rigor mortis, and 5. Putrefaction.

DR. B. WARD RICHARDSON recently read a paper before the Medical Society of London, of which an abstract was published in the London Lancet of Dec. 15, 1888, in which he gives in detail the proofs that if made would demonstrate that life was extinct, and he gave five tests which he recommended to be used in such cases. (These are given at length in December number Medico-Legal Journal, 1888, p. 318.)

The NEW YORK HERALD publishes May 26, 1889, the dictum of the greatest of the German authorities, VIRCHOW, regarding the case of BISHOP, from which we make extracts :

“It is somewhat difficult to give a positive opinion concerning such a case unless one is in possession of all the facts bearing on it, but I have no hesitation in saying that the fact of the brain having been warm at the time of its removal is no proof at all that Bishop was alive at the time the post-mortem examination of his body was made. After death the internal organs frequently remain warm for a long time after the surface of the body has become cold, and there are certain maladies, mainly of the nervous system, when not only is the temperature of the brain not diminished after death, but actually undergoes an increase. This has been proved beyond the slightest doubt by a number of experiments made on man and on inferior animals.

ONE CASE OF ANTE-MORTEM DISSECTION.

“In the whole course of my long experience as an anatomist I never have known nor heard of a case of a man being dissected alive except in one instance, and that is a matter of history, although the evidence in it is imperfect. That was the case of Vessel, or Vesselius, the great anatomist of the sixteenth century. He revolutionized the science in breaking loose from

traditions handed down from the time of Galen. It is said that he lived in concealment somewhere in Spain during the last ten years of his life after having filled a prominent part at court as well as in science, for he was the body surgeon of Charles V. The reason alleged for his retirement from the world is that he inadvertently anatomized the body of a man who was alive at the time. This, as I say, is the only case of the kind I have heard of until you mentioned Mr. Bishop's, and it is very far from being substantiated.

PREMATURE BURIAL.

"I have heard of many cases where it has been alleged that persons have been buried while in a state of trance, but in no case thoroughly investigated has this been proven.

"Even if it be admitted that Mr. Bishop was alive at the time his brain was removed the allegation that he was conscious of what was being done to him then is absurd. Consciousness is a function of the brain, the result of its activity. In order that this activity may continue it is necessary to renew the supply of oxygen to the brain, which can be supplied only by means of the blood, and supply of oxygen to the blood can be maintained only as long as respiration is continued. If the circulation of the blood and respiration both cease the brain is necessarily deprived of the oxygen necessary to the activity which alone produces consciousness. In that case decomposition would soon set in, as the brain is one of those portions of the body that most quickly decomposes

THE PROOFS OF LIFE OR DEATH.

"Our only means of knowing whether life still exists in the human body are certain actions. We have no other means. There is often no positive proof that life is extinct, and, on the other hand, no positive proof that shows it to be still remaining, if we except those actions that are unmistakable. If respiration and circulation are discontinued they never return—for the reasons above stated. The signs that show their presence may be so slight as to escape the closest observation, but they are there. Breathing still continues, although so faintly as not to affect a mote in the air near the mouth.

"The best tests as to whether life is departed or not are the most powerful excitants—the galvanic battery, for instance, one pole of which should be attached to the diaphragm, the most powerful muscle of respiration, and the other to the *medulla oblongata*, which controls the nerves ascending from the head to the neck and is the vital citadel of the body—the centre of respiration and circulation."

This case is under investigation by the Coroner as we go to press. There is scarcely room for doubt from our standpoint, that life was extinct in the case of Bishop. We do not believe from the knowledge we have of the skill of the medical men who conducted the autopsy, that it would have been attempted, if the slightest doubt

remained that Bishop was dead. The autopsy itself must have demonstrated this. We do not believe in the possibility of the ante-mortem dissection of a human being, who would not indicate life under the knife of the dissector. It is simply an impossibility. Dr. Irwin may have been indiscreet in commencing the autopsy so shortly after the death, real or supposed, of Bishop, but it is quite certain that Bishop was not a victim of the scalpel.

LATER PAPERS FOR THE CONGRESS.

Since the preliminary programme was published, the following papers are announced :

BY J. MOUNT BLEYER, M. D., N. Y. : "The Sense of Smell as one of the Excitors to the Sexual Organs, and its Relation to Rape."

DR. MARY WEEKS BURNETT, of Chicago : "Hereditary Criminality."

S. HEPBURN, JR., ESQ., of Pa. : "Province of Medico-Legal Societies."

DR. EDWARD C. MANN, of N. Y. : "The Legal Relations of Imbecility and of Suicidal Homicidal Monomania."

Dr. J. K. BAUDUY, of St. Louis : "Medico-Legal Points of rare Case of Simulated Nervous Disease."

THE TRUE PHYSICIAN.

A PICTURE FROM REAL LIFE.

We publish the following lines, written by an old friend of the editor, an ex-Judge of a Western State, as a contribution from the legal side, to our medical brethren :

(*From the Newark Daily Advertiser.*)

"Si monumentem quæris, circumspice!"

A man of vigorous blood and health,
 Enough for ease of worldly wealth,
 Strong in the strength of manliest years
 Before one failing sign appears;
 One who o'ertops most of his kind
 In energy of native mind,
 And add broad culture as his due,
 While truth demands add genius too;
 Of mien and bearing such as grace
 The gentleman's acknowledged place,
 Whose self-respect forbids that he
 Shall mistake strut for dignity;
 Whose gifts (confined to selfish aim)
 Would surely master general fame,
 Or pile on pile heap up the hoard
 Of gold—in which most souls are stored!

He casts aside ease, luxury, show,
 To bend above the couch of woe,
 Where want and helplessness are found
 And perils ever lurk around;
 To aid the outcast and the poor
 As the Lord Jesus did before.
 As in his hand he holds his life
 As oft he braves the dangerous strife
 To crush contagion and to save
 The lone, deserted, from the grave;
 To comfort those beyond all skill,
 The ministering Christian still.

What his reward? Not things of earth
 Where most ambitious owe their birth;
 Not for man's breath of shallow praise,
 Such as the fickle worldlings raise
 To meretricious arts, or fortune's freak—
 All empty as the hollow hearts who seek!

What his reward? Example to his kind;
Some published truth that sciences eye shall find
To link his work (not the mere egoist he)
For seed in that broad field Humanity,
To his posterity a valued legacy.

His grand reward! behold it where,
Encompassed as with angels' prayers,
A helpmeet to his soul is given
Her "correspondence fixed with Heaven!"
He little heeds, she fully knows
How 'round his home the Holiest throws,
In answer to faith—perfect prayer,
The Spirit's armor round all there.

STAT NOMINIS UMBRA.

NEW YORK, May 10. 1889.

RECENT LEGAL DECISIONS.

SUICIDE—INSANITY.

BLACKSTONE v. STANDARD LIFE & ACCIDENT INS. CO.

(*Supreme Court of Michigan.* April 24, 1889.) ACCIDENT INSURANCE—SUICIDE OF INSURED—INSANITY.

1. An accident insurance policy covered injuries resulting in death which might happen to the insured through external, violent, and accidental means, providing, however, that the insurance should not extend to any bodily injury happening directly or indirectly in consequence of bodily infirmities or disease, and that no claim should be made where death was caused by suicide. *Held*, where the insured killed himself, while insane, and not conscious of what he was doing, that such act was not suicide within the meaning of the policy, nor was it within the exception made in case of death resulting from bodily disease, and that a recovery could be had on the policy.*

2. There was evidence that the insured was of a genial disposition, of good education, pleasantly situated, so far as his domestic relations were concerned, and in fair circumstances financially. Up to within a few weeks of his death he had been in full health and vigor, but about that time a change was noticed in him by his family. He was moody and nervous, and desired to be alone, could not sleep nights, complained of a pain in his head, and looked haggard and sick. On going away from home on business strangers remarked upon his appearance, and he kept aloof from other men, and could not concentrate his attention upon the business in hand. *Held*, that that there was evidence to go to the jury on the question of the insanity of the insured.

3. Evidence that some 20 years before the issuance of the policy the insured had been insane, was properly excluded, there being no evidence tending to show that he was not sane at the time the policy was issued, nor that he had had any mental trouble for a period of 20 years.

Error to circuit court, Lenawee county; LANE, Judge.

Action by Emma W. Blackstone against the Standard Life & Accident Insurance Company. Judgment was given for plaintiff, and defendant brings error.

*See note at end of case.

Long, Justice, wrote the prevailing opinion, from which we extract and summarize.

The action was brought upon a life policy in usual form for \$5,000 for one year from February 12, 1886, and contained among others the following provision :

Provided, always, that this insurance shall not extend to hernia; nor to any bodily injury of which there shall be no external or visible sign; nor to any bodily injury happening directly or indirectly in consequence of bodily infirmities or disease, or by poison in any manner or form, or by any surgical operation or medical or mechanical treatment; nor to any case except where the injury is the proximate and sole cause of the disability or death. And no claim shall be made under this policy when the death or injury has been caused by dueling, fighting, wrestling, unnecessary lifting, or by overexertion, or by suicide, or by sun-stroke, freezing, or intentional injuries inflicted by or through the connivance of the insured, or when the death or injury may have happened in consequence of war.

* * *

The policy was also made subject to certain conditions contained therein, and upon a written application signed by the insured.

The twelfth, thirteenth and fourteenth clauses of the application are as follows: "(12) My habits of life are correct and temperate, and I understand the policy will not cover any accident or injury resulting from the use of intoxicating drinks, or in consequence of having been under the influence thereof, or a breach of the law, or to any injury which may result from disease or prior injury. I am aware and agree that the benefits from the company will not extend to hernia, orchites, overexertion, or strains, nor to any bodily injury which has not been effected through external and accidental violence, or of which there shall be no external and visible signs, or by poison in any form or manner, or by any surgical operation or medical or mechanical treatment, nor to any cause except where the accidental injury shall be the proximate and sole cause of the disability or death. (13) I am not suffering from any accident or wounds that would retard recovery, or be aggravated by personal injury. I am not subject to fits, or to any disorders of the brain or nervous system, or any physical infirmity which would render me liable to accident. (14) I hereby agree that the application and declaration shall be the basis of the contract; that the policy will be accepted subject to all the conditions and provisions contained therein; that any concealment of material facts, or misstatements made by me, shall work a forfeiture of all claims that may accrue under this policy."

The declaration filed in the case, after stating the issuing and the conditions of the policy, avers "that on the 28th day of October, A. D. 1886, her said husband died from bodily injuries, effected through external, violent, and accidental means, within the intent and meaning of said policy contract, and the conditions therein set forth; and that said injuries alone occasioned his death, and within ninety days from the happening of said injuries." The defendant pleaded the general issue, and gave notice that the policy declared upon was obtained by the insured upon an application,—the material portions of which have been heretofore set out,—and under an agreement that said application should be the basis of the contract. That, at the time when said application was made, the insured was subject to disorders of the brain and nervous system, and to physical infirmities which rendered him liable to accident; and the fact that he was so subject was concealed by him from the defendant. That the insured died from injuries resulting from disease. That the insured, before the time he made said application, had been for a long period insane, and at the time of making said application concealed the fact from the defendant. On the trial in the court below the plaintiff had verdict and judgment for the amount of the policy and interest. Defendant brings error.

The evidence showed that the insured cut his throat with a razor October 27, 1876.

It is claimed by plaintiff that during the last two or three weeks of his remaining at home he showed evidence of mental derangement, and that during his stay in St. Paul, from October 19th to 27th, there was evidence of insanity. The plaintiff's claim of recovery on the policy rests upon two propositions, each of which is denied by the defendant, (1) That Blackstone was insane at the time he took his life; (2) that an insane self-killing is an accident within the meaning of this policy. Was Blackstone insane at the time he took his life? At the close of the testimony the counsel submitted five special questions to the jury for their finding, as follows: (1) Did Mr. Blackstone kill himself? (2) Did he know at the time he was committing an act which must result in death? (3) Was he conscious of what he was doing? (4) Did he intend to cut his throat, and thereby kill himself? (5) At the time Daniel L. Blackstone cut his throat, was he insane? The jury answered these questions, the first and fifth in the affirmative, and the second, third and fourth in the negative. We have, therefore, presented to us by the record of the fifth finding of the jury that the insured was insane at the time he cut his throat, and the only inquiry for us upon this part of the case is, Was there any evidence to support this finding?

It was said by this court in *Conely v. McDonald*, 40 Mich. 158: "We are bound in all cases to assume that the jury have done no

legal wrong when acting within their province. * * * The credibility of witnesses, the strength of their testimony, its tendency, and the proper weight to be given it, are matters peculiarly within their province. * * * To take from them this right is but usurping a power not given." This doctrine has always been adhered to in this State, and has been stated and restated in so many cases in this court that no reference to them is necessary. The testimony relating to the insanity of Mr. Blackstone is somewhat voluminous, and we shall quote only portions of it.

Mr. Justice Long quotes from the testimony various facts tending to show the mental derangement of the insured (Blackstone) at and preceding his act, several of whom testified as follows. One :

"I was of the opinion he was insane. I did not think the man's mind was so far gone but that when he got away from home he would recover from it; that if he could get away from home he would brace up and recover from it "

Another testified :

"I believed him to be a man of unsound mind."

Another :

"I am satisfied, from his peculiar actions that I saw and his subsequent actions, that he wasn't in his right mind. And, outside of the fact that he committed suicide, I would say I would consider him unbalanced in his mind."

And others to facts and conduct tending to show that he was despondent, depressed, and a marked change in his conduct and condition. Judge Long continues :

This is substantially all the testimony bearing on the question of the insanity of the insured, except some circumstances related by Mr. Wallace Westerman and Walter Westerman relative to some peculiarities in the conduct and bearing of the insured just prior to his going to St. Paul. Mr. Blackstone wrote home to his wife from St. Paul on the 19th, and again on the 20th and 23d, and in his last letter acknowledged receipt of letters from home. These letters are concise, speaking of his business arrangements, and making inquiry about the health of the family. In the letter of the 20th he speaks of the pain in his head and stomach, and says he thinks it was the jar of the cars, and hopes it will not affect him so badly when he comes to travel again. In this letter he also speaks of seeing in the papers an account of a number of persons in Adrian being poisoned

by drinking cider in which arsenic was put, and inquired of his wife who they were. In the letter of the 23d he says: "I am tired out. I am very sorry to pain you by writing this, but you asked me to tell you how I feel. It seems to me if I could have some work out of doors, like riding, and something to employ my mind, I might gain. I shall do the very best in that direction. Pray for me, and do not blame me for what may seem inconsistent to you." We think there was some evidence to go to the jury upon the question of insanity. It is not of great weight, but that is not a question which we are at liberty to discuss; and while we might have found differently from the jury if we were to consider it as a question of fact for our determination, yet, there being some evidence of the fact, and the jury having determined it under what we think a fair submission of it by the court to them, we are not called upon to disturb it.

The insured was a man 55 years of age, of genial and pleasant disposition, full of life and vigor up to within a few weeks of his death; a man of good education, and good mind; talkative, and apparently happy. His domestic relations were pleasant, and, so far as this record discloses, no great amount of care was placed upon him in their support and maintenance. One of the daughters was married to a man apparently prosperous in business, and the insured had no debts of any amount and no creditors pressing him for payment. Up to within a month or six weeks of his going to St. Paul he had been constantly employed at good wages, and no one dependent upon him was suffering during that time from his enforced idleness. He became moody, restless, and nervous before leaving home. He could not sleep nights, walked the floor, and was found at times pacing the back yard. His condition became noticeable to his wife and family. He was abstracted, and at times failed to respond to the salutations of his acquaintances. His mind seemed to be troubled; complained of pain in the head, and looked haggard and sick. On his arrival at St. Paul, where he was among strangers, his appearance caused remarks. He could not get to the business he went to take charge of,—could not keep his mind upon it; was nervous and restless, wandering from place to place, and changeful in his conduct; nervous, and keeping aloof from other men by whom he was surrounded; complained of pain in his head and stomach; writing home to his wife to pray for him, and not to blame him if he did anything inconsistent; and finally, on the 27th of the month, is found with his throat cut from ear to ear by a razor,—the act being committed by his own hand.

Every person is presumed sane, and the burden is upon the plaintiff in the case to show the insured insane at the time of the taking of his life. The jury must determine this question from the acts and conduct of the deceased, and this can only be gathered from

witnesses who are cognizant of the facts. The learned counsel for the defendant, however, argues that, even if there was evidence to go to the jury on the question of insanity, and though the jury have found that the insured came to his death while insane, yet, it appearing that he came to his death by his own hand, it is not a bodily injury, effected through external, violent, and accidental means, within the meaning of the policy. Practically, all the cases agree in holding in the language of the supreme court of Massachusetts in *Cooper v. Insurance Co.*, 102 Mass., 227, that there is no substantial difference of signification between the phrases, "shall die by his own hand," "shall commit suicide," and "shall die by suicide." The rule of construction, though not always recognized by the cases, is that this condition, being in the nature of a penalty or forfeiture, must be strictly construed. In *Insurance Co. v. Moore*, 34 Mich., 41, Mr. Justice CAMPBELL, speaking for the court, said: "The condition which makes the policy void in case of such a death is in the nature of a penalty or forfeiture. * * * The forfeiture in this case was to arise if the insured died by his own hand. Some stress is laid on the term 'suicide,' as if it means a wrongful act, or self-murder. It has no such restricted meaning. It means self-killing, just as 'homicide' means killing any one else. But there may be excusable homicide as well as felonious; and suicide was only cognizable at law when the person was *felo de se*, or guilty of a felonious act. If *non compos mentis*, the actor in homicide or suicide commits no crime. In one sense the man dies by his own hands who kills himself, whether sound or frenzied. But the condition in this policy cannot be construed to cause a forfeiture for acts involving no evil will."

Upon the question of voluntary suicide, intentionally committed by a sane man in the possession of his faculties, knowing how to adopt means to ends, and conscious of the immorality of the act, there is no difference of opinion; and all authorities agree that self-destruction is within the exemption; and all authorities likewise agree that an accidental death,—as by taking poison by mistake, or shooting one's self with a pi-stol, supposing it not to be loaded, or falling from a building, or death happening in any way by the unintended act of the party dying,—is not within the exemption. But whether suicide by an insane man is also within the exemption has been the question in dispute, and upon this two prominent and different doctrines have been maintained. On the one hand it is maintained that if the act be voluntarily done in pursuance of an intelligent purpose, and intentionally and intelligently carried out by the proper adoption of means to ends, it is suicide on the part of the insured, or death by his own hands, although insanity exists to such an extent that he may not be able to appreciate the moral qualities of the act. On the other hand it is maintained that, how-

ever intelligently the act may be done, if at the time the will be overpowered by an uncontrollable impulse, or the party be unable to appreciate the moral character of the act, it is not within the meaning of the provision. *May, Ins. § 307.* The rule in England was laid down in 1843, in *Borradaile v. Hunter*, 5 Man. & G. 639, and has since been adhered to. In this case the words of the condition were that the policy should be void if the assured should "die by his own hand." He threw himself from Vauxhall bridge into the Thames, and was drowned. The jury found that he voluntarily threw himself into the river, knowing at the time that he should thereby destroy his life, and intending thereby to do so; but at the time of committing the act he was not capable of judging between right and wrong. It was held that the policy was void, the rule being laid down, in effect, that the moral condition of the mind was immaterial; and if, when the act was done, the insured knew that life would be thereby destroyed, and intended it to be so, the policy is violated under the condition, although the insured was insane at the time. In *Dean v. Insurance Co.*, 4 Allen, 96, the supreme court of Massachusetts held substantially the doctrine as laid down in *Borradaile v. Hunter*, *supra*. In *Insurance Co. v. Graves*, 6 Bush, 268, the supreme court of Kentucky were divided upon the question of the soundness of *Borradaile v. Hunter*, but unanimously agreed that where the suicide was committed during an uncontrollable passion, caused by intoxication, the condition was broken, and the policy avoided. In a more recent case in Massachusetts (*Cooper v. Insurance Co.*, 102 Mass. 227) the question came again before the court, and the ruling in *Dean v. Insurance Co.*, *supra*, was adhered to. The proviso in the policy is that it shall be void if the assured shall die by suicide. The plaintiff offered to prove that the assured at the time of committing the act of self-destruction was insane. The court said: "In the present case there was no offer to prove madness of delirium, or that the act of self-destruction was not the result of the will and intention of the party adapting the means to the end, and contemplating the physical nature and effects of the act."

The earliest case in New York is that of *Breasted v. Trust Co.*, reported in 4 Hill, 73. The policy was to become void if the assured died by his own hand. The insured came to his death by suicide by drowning himself in the Hudson river. Chief Justice NELSON, delivering the opinion of the court, said, speaking legally: "Self-destruction by a fellow-being bereft of reason can with no more propriety be ascribed to the act of his own hand than to the deadly instrument that may have been used for the purpose. The drowning of Comfort was no more his act, in the sense of the law, than if he had been impelled by irresistible physical power; nor is there any greater reason for exempting the company from the risk as-

sumed in the policy than if his death had been occasioned by such means. Suicide involves the deliberate termination of one's existence while in the possession and enjoyment of his mental faculties. Self-slaughter by an insane man or a lunatic is not an act of suicide, within the meaning of the law;" and citing 4 Bl. Comm. 189; 1 Hale, P. C. 411, 412. This case was modified, if not overruled, in *Van Zandt v. Insurance Co.*, 55 N. Y. 169, where it was held that, under a condition as above, the only exception to the condition is where the act accidental or involuntary; that to take a case out of the proviso the insured must have been so mentally disordered as not to understand that the act he committed would cause his death, or he must have committed it under the influence of some insane impulse, which he could not resist. It is not sufficient that his mind was so impaired that he was not conscious of the moral obliquity of the act. In the latter cases in New York it is held that the words "die by his own hand" have reference to an intelligent voluntary act, and not to a suicide committed by a party in a state of mental derangement so great that the act of self-destruction is to be regarded as wholly involuntary. *De Gogorza v. Insurance Co.*, 65 N. Y. 235; *Weed v. Insurance Co.*, 70 N. Y. 561; *Newton v. Insurance Co.*, 76 N. Y. 426. The supreme court of Maine, in *Eastabrook v. Insurance Co.*, 54 Me. 224, where the condition of the policy was that, if he should "die by his own hand," and the jury found "that the self-destruction was the result of a blind and irresistible impulse over which the will had no control," and that "the self-destruction was not an act of volition," approved *Breasted v. Trust Co.*, supra, holding that suicide, to avoid a policy of life insurance, must be a criminal act,—one done with an evil motive.

The leading case upon the subject is that of *Insurance Co. v. Terry*, 15 Wall, 580, approving what had been known as the "New York doctrine." In this case the policy was to be void if the insured should die by his own hand. Mr. Justice HUNT, after a full review of the cases, laid down the rule, thus: "If the assured, being in the possession of his ordinary reasoning faculties, from anger, pride, jealousy, or a desire to escape from the ills of life, intentionally takes his own life, the proviso attaches, and there can be no recovery. If the death is caused by the voluntary act of the assured, he knowing and intending that his death shall be the result of his act, but when his reasoning faculties are so far impaired that he is not able to understand the moral character, the general nature, consequences, and effect of the act he is about to commit, or when he is impelled thereto by an insane impulse, which he has not the power to resist, such death is not within the contemplation of the parties to the contract and the insurer is liable." This rule has been approved by subsequent cases in that court. *Insurance Co. v. Rodel*, 95 U. S. 237; *Insurance Co. v. Broughton*, 109 U. S. 123, 3 Sup. Ct. Rep.

99; citing and approving the opinion of Chief Justice NELSON in *Breasted v. Trust Co*, supra. The rule laid down in *Insurance Co. v. Terry*, 15 Wall. 580, is substantially the same doctrine as stated by this court in *Insurance Co. v. Moore*, supra. We think the reasonable rule is as stated by Mr. Justice HUNT in *Insurance Co. v. Terry*, supra. "If the assured, being in the possession of his ordinary reasoning faculties, from anger, pride, jealousy, or a desire to escape from the ills of life, intentionally takes his own life, the proviso attaches, and there can be no recovery. If the death is caused by the voluntary act of the assured, he knowing and intending that his death shall be the result of this act, but when his reasoning faculties are so far impaired that he is not able to understand the moral character, the general nature, consequences, and effect of the act he is about to commit, or when he is impelled thereto by an insane impulse, which he has not the power to resist, such death is not within the contemplation of the parties to the contract, and the insurer is liable." This doctrine is approved and followed in express terms, or in substance, in *Insurance Co. v. Rodel*, 95 U. S. 232; *Insurance Co. v. Broughton*, 109 U. S. 121, 3 Sup. Ct. 99; *Waters v. Insurance Co.*, 2 Fed. Rep. 892; *Moore v. Insurance Co.*, 3 Ins. Law J., 444, (U. S. C. C. E. D. Michigan;) *Merritt v. Insurance Co*, 55 Ga. 103; *Phillips v. Insurance Co*, 26 La. Ann. 404; *Insurance Co. v. Moore*, 34 Mich. 41; *Scheffer v. Insurance Co.* 25 Minn. 534; *Insurance Co. v. Groom*, 86 Pa. St. 92; *Hathaway's Adm'r v. Insurance Co.*, 48 Vt. 335. The same doctrine, in substance, is laid down in *Eastabrook v. Insurance Co.*, 54 Me. 224, approving the principal cases.

The effect of this doctrine is that, in order to work a forfeiture under such a policy on the ground of self-destruction, the assured must have had sufficient mental capacity not only to understand that the act will destroy his life, but also distinguish its moral quality and consequences,—the right and wrong of it; and must perform the act, not under any uncontrolled impulse resulting from insanity, but voluntarily, with the intent to end his life. In other words, that it must be an act done with an evil motive. We think that this doctrine is supported by the great preponderance of authority in this country, and must be conceded to be the prevailing American doctrine; and it seems to us to be the safer and more reasonable and more consistent doctrine. It agrees with the general rule as to the excusatory feature of insanity in civil as well as in criminal cases. It also operates to prevent forfeiture, which is a favorite principle of an enlightened jurisprudence. Nor can it have any injurious effect since insurers may always frame such contracts to suit themselves, and may, if they choose, insert express stipulation to the effect that insanity shall not in any case prevent an avoidance by the suicide of the assured. As is stated in a note to *Breasted v. Trust*

Co., 59 Amer. Dec. 494: "If they prefer, for the purpose of getting custom, to omit such stipulations, and to leave the matter in doubt, the doubt ought to be resolved against them. If the assured is to take the sole risk of his becoming insane, and destroying his life, let him have notice of the fact by having it clearly 'nominated in the bond.' As has been well said in some of the cases referred to, insanity is as much a disease as fever or consumption; and upon principle there is no more reason why an insurance of one's life should not be an insurance against death from the former disease than against death from the latter, if there is nothing to the contrary in the policy." Policies issued by some life insurance companies contain a condition or proviso that it shall be void if the assured shall die by suicide, felonious or otherwise, sane or insane; others provide if the assured shall die by suicide, sane or insane; others provide for an avoidance, if the assured die by his own hand, sane or insane; while others provide for an avoidance if he shall die by his own act and intention, sane or insane. Such a condition, expressed in any of these forms, covers any case of voluntary self-destruction, and no kind or degree of insanity will prevent an avoidance; and the courts, not only in England, but in this country, have almost universally held that with such provisions in policies of life insurance the policies are void if the insured comes to his death by his own hand. Some of those cases are cited by the learned counsel for the defendant in his brief as having some bearing upon the question now in issue. We think they have no bearing upon the case where no such proviso is found in the policy.

Defendent's counsel seem to rely to some extent upon the ruling of this court in *Streeter v. Society*, reported in 31 N. W. Rep. 779, as bearing upon the question whether the insured came to his death in this case by accidental injuries. The policy in that case contained a condition, if the assured shall within three years from the date of this policy die by his own hand, sane or insane, this policy shall become and be null and void. Within the three years from the date of the policy the insured died from the effects of a pistol-shot wound inflicted upon himself. The court followed the opinion of Mr. Justice DAVIS in *Bigelow v. Insurance Co.*, 93 U. S. 284, holding that no recovery could be had upon the policy, by reason of the limitation contained in the proviso, "sane or insane." After quoting from the opinion of Mr. Justice DAVIS, it was said: "If a person does an act in a state of unconsciousness, or involuntarily, whether he be sane or insane, such act is nothing more nor less than accidental, and would not operate to forfeit the policy. The record in this case does not disclose such a state of facts. There was no evidence that the act was involuntary, or that Mower was unconscious when he inflicted upon himself the fatal wound. The policy covers all conscious acts of the insured by which death by his own hand is

compassed, whether he was at the time sane or insane. If the act was done for the purpose of self-destruction, it matters not that the insured had no conception of the wrong involved in its commission."

Counsel for the defendant now insists that if the insured was insane his insanity caused his death, and that insanity is a disease, and that the question remaining, and upon which the court must pass, is, is the death caused by the disease "insanity" an accidental death? The policy provides "that the insurance shall not extend to any bodily injury of which there shall be no external or visible sign, nor to any bodily injury happening directly or indirectly in consequence of bodily infirmities or disease, nor to any one except when the injury is the proximate and sole cause of the disability or death." Is insanity a disease? The learned Dr. Buckham, in his work on Insanity in its Medico-Legal Relations, published in 1883, at section 23, says: "We think sufficient evidence has already been adduced to show that insanity is a physical, and not a mental, disease. And yet the proof *par excellence* remains to be offered. We have taken considerable trouble to acquaint ourselves with the facts, and we believe that there is no alienist in the United States who believes that insanity is a disease of the mind." And the learned doctor offers the following as a definition of insanity: "A diseased or disordered condition or malformation of the physical organs, through which the mind receives impressions, or manifests its operations, by which the will and judgment are impaired, and the conduct rendered irrational." And he says: "As a corollary we offer: Insanity being the result of physical disease, it is a matter of fact to be determined by medical experts, and not a matter of law to be decided by legal decisions and maxims." Agreeing, as we do, with the learned doctor, that insanity is a physical disease, and a question of fact for determination in the case, let us see what has been determined by the jury, before considering the proposition made by the counsel for the defendant.

The jury found—*First*, that the insured killed himself; *second*, that he did not know at the time that he was committing an act which must result in death; *third*, that he was not conscious of what he was doing; *fourth*, that he did not intend to cut his throat, and thereby kill himself; and, *fifth*, that at the time he did cut his throat he was insane. Admitting that there was some evidence to go to the jury upon those questions, and that those questions have been properly submitted to them by the court upon the trial, then we are asked to say that insanity being a disease, that disease was the proximate cause of the death of the insured, and that he did not come to his death by an external accidental injury, within the meaning of the terms of the policy. In *Insurance Co. v. Crandal*, 120 U. S. 527, 7 Sup. Ct. Rep. 685, a policy similar in form and conditions was issued, based upon an application in substance the same as the one in issue here. Mr. Justice Gray, delivering the opinion of the court in that case, said: "The single question to be decided, therefore, is whether a policy of insurance against 'bodily injuries effected

through external, accidental, and violent means,' and occasioning death, or complete disability to do business, and providing that 'this insurance shall not extend to death or disability which may have been caused wholly or in part by bodily infirmities or disease or by suicide or self-inflicted injuries,' covers a death by hanging one's self while insane. The decisions upon the effect of a policy of life insurance which provides that it shall be void if the assured 'shall die by suicide,' or 'shall die by his own hand,' go far towards determining this question. This court, on full consideration of the conflicting authorities upon that subject, has repeatedly and uniformly held that such a provision, not containing the words, 'sane or insane,' does not include a self-killing by an insane person, whether his unsoundness of mind is such as to prevent him from understanding the physical nature and consequences of his act or only such as to prevent him, while foreseeing and premeditating its physical consequences, from understanding its moral nature and aspect;" citing *Insurance Co. v. Terry*, 15 Wall, 580, and other cases in that court since that time. "In this state of the law there can be no doubt," says Justice GRAY, "that the assured did not die 'by suicide,' within the meaning of this policy; and the same reasons are conclusive against holding that he died by 'self-inflicted injuries.' If 'self-killing,' 'suicide,' 'dying by his own hand,' cannot be predicated of an insane person, no more can 'self-inflicted injuries,' for in either case it is not his act. Nor does the case come within the clause which provides that the insurance shall not extend to 'death or disability which may have been caused wholly or in part by bodily infirmities or disease. If insanity could be considered as coming within this clause it would be doubtful, to say the least, whether under the rule of the law of insurance which attributes an injury or loss to its proximate cause only, and in view of the decisions in similar cases, the insanity of the assured, or anything but the act of hanging himself, could be held to be the cause of his death. * * *

The death of the assured not having been the effect of any cause specified in the proviso of the policy, and not coming within any warranty in the application, the question recurs whether it is within the general words of the leading sentence of the policy by which he is declared to be insured 'against bodily injuries effected through external, accidental, and violent means.' This sentence does not, like the proviso, speak of what the injury is 'caused by,' but it looks only to the 'means' by which it is effected. No one doubts that hanging is a violent means of death, as it affects the body from without. It is external, just as suffocation by drowning was held to be in the cases of *Trew*, *Reynolds*, and *Winspear*,* above cited. And according to the decisions as to suicide under policies of life in-

* *Trew v. Assurance Co.*, 5 Hurl. & N. 211; *Reynolds v. Insurance Co.*, 22 Law T. (N. S.) 820; *Winspear v. Insurance Co.*, 42 Law T. (N. S.) 990, affirmed 6 Q. B. Div. 42.

surance before referred to, it cannot when done by an insane person be held to be other than accidental."

Counsel for defendant, considering this case of Insurance Co. v. Crandal, says, "that while the court held that insane self-destruction was an accidental death, and seemed to be of the opinion that insanity was a disease, there was no discussion by the court of the question whether insanity, being a disease, would not preclude insane self-destruction being an accidental death; that the court avoided the discussion of this question by suggesting that though they did not decide that, in accordance with the authorities already discussed, insanity was not the proximate cause of the death, and decided that the policy did not exempt the insurer from liability for a death of that character; that this was an evasion of the question squarely presented to the court for their consideration; that, regardless of the exceptions in the policy, the company was clearly not liable, unless the death was accidental; and in deciding the case the court was bound to say either that death was not caused by the disease insanity, or that death so caused is accidental death." We think that the court in that case held that, while insanity was a disease, yet the insured, having come to his death by hanging, though by his own hands, met with an accidental death within the terms of the policy.

Counsel for defendant asks, what does "external" mean? Can it be given any construction that will make it apply to violence done by the insured himself? Does it refer merely to the instrument of death? and says: "I submit that external violence is that coming from sources outside of the insured. Blackstone's death came about through internal means; that it was caused by his own hand, in a literal, if not in a legal, sense; that his hand moved in obedience to his will, however darkened his will may be; that it was not voluntary; that he was not trying to do something else; therefore the injury was not external or accidental." We do not agree with counsel in this proposition. We think the insured came to his death by violent, external, accidental injuries, within the meaning of this policy. Without going over the reasons brought to bear upon the questions, it is evident that the words "died by suicide," "death by his own hands," and other words of similar import, are held to be made applicable only to that class of cases where the insured comes to his death by his own voluntary act. This question has been settled by the jury; that the diseased was insane; that he took his own life; that he did not intend in cutting his throat to kill himself; and that he was not conscious that his death would be occasioned thereby. Let us suppose, as an illustration, that A. and B. take a policy of like terms and conditions as the one in suit, based upon similar applications, with all the conditions and provisions contained in the present case, and during the

life-time of each of those policies A becomes insane, and while so insane, with a pistol shoots and kills B., and in the same moment turns the pistol and kills himself. No one would question but that by the terms and conditions of B.'s policy he had met with an accidental, external, and violent death, and the company would be held liable; that the case came within the provisions of the policy. Yet counsel for the defendant contends that, conceding that B. came to his death by accidental, external and violent injuries, because inflicted by the hand of another, yet A., although insane and wholly unconscious of the act of killing, not by force of his own will, but because he was bereft of reason, kills himself, it is not an external injury and accidental death, within the meaning of the policy. We think in a case of that kind A.'s death was as much an external, violent, accidental death as was the death of B. A. is no more responsible for the act than was B. It was involuntary; it was not the act of his own will; it was not his death by his own hand, in legal contemplation, but he came to his death at the hands of a madman, though that madman was himself. We think that the defendant, under the finding of the jury in this case, cannot now be heard to say that this was not an accidental death, and an external injury, coming within the terms of the policy.

We find cases in which it is held under like policies, where one becoming insane and falling down upon a railroad track is thereby killed by the passing of a train, that such cases come within the provisions of the policy, and the company would be liable. It is also held, where one, being insane, and through his insanity has placed himself in a dangerous position, where he would not have been found had he been in his right mind, and has met with an accidental death by reason of his insanity, that the company is liable, and that recovery can be had. That where one in a fit of insanity involuntarily falls off a bridge and is killed, or falls into a stream and is drowned—this being involuntary—the company is liable. Yet counsel say that this class of cases are external injuries, injuries producing death of the insured from outside causes, and for that reason the company may be held liable. We think where one is so far beside himself, his intellect so darkened and obscured, that he may be neither morally nor legally responsible for his own acts and conduct, and in such condition produces his own death, it cannot be any more said to be his act than though the act had been committed by another, or the insured had placed himself upon some dangerous height and fallen involuntarily, and had been dashed to pieces.

Some other questions are raised by the record, but we do not deem them of sufficient importance to discuss them here. We think the case was fairly submitted to the jury by the court and fairly tried. The court, upon this question of insanity of the deceased, instructed the jury: "But, as I have before stated, the mere fact that a man kills himself does not of itself establish insanity. A man may do that by reason, as I stated, of lack of courage to undertake the work which his life seems to furnish for him; may get discouraged, and feel he would rather take his chances in the life to come than here. And if in that spirit he determined to take his own life, that would not be the taking of his life under the condition of mind which the law would say was in insanity. If you believe Mr. Blackstone took his life under such conditions, then the plaintiff cannot recover;

otherwise, if you believe, as I have charged you, that he had no power to do it, and had not capacity of mind to do it, then the plaintiff would be entitled to recover, because, as I have instructed you, death under such circumstances would be accidental."

Some question is raised now by the defendant that there was proof of the insanity of the deceased some 20 years before the time of the taking out of the present policy. Some evidence was given of this upon the trial. Defendant's counsel insists that this was a concealment of a fact from the insurance company at the time of the application in the present case. This objection was overruled by the court below, and we think very properly, under the testimony of the defendant's own agent, Mr. H. E. Rich, who took the application in the present case. He testified that he remembered taking the application; that he wrote the body of it. He says he had a previous talk with Mr. Blackstone coming across on the Jackson branch from Tecumseh to Adrian, "and we renewed our talk in regard to accident insurance, and he thought he could not afford to take so much. I told him he could make it in two payments,—pay part in thirty days, and the balance in sixty days, for \$5,000, and \$25 weekly indemnity. He thought he would be able to make the payment in that way, and said he would talk with his wife in regard to it, and see whether she thought he had better do so. He never had carried any, he said, but he would come in and see me before he left town. He came in afterwards, and said he had concluded to take a policy. I took out the application and filled it out. He said he would take the amount we talked of, and I asked him his full name and who the beneficiary would be, and he told me. I asked him if he had any other accident insurance, and he said, 'No;' and I drew a line through it, and turned to him,—he sat opposite my desk,—and told him to sign on the line,—sign his name in full, same as I had written it in the heading. He did so, and I took the application and put it in my drawer." On cross-examination the witness said: "I didn't notice any difference in him than in any other man that I had ever solicited. He was as well informed as ordinary men I talk with on the same subject. The question was the amount in case of death and the amount of indemnity; that is all that was talked over. I should say he was an ordinarily informed man. Not more than ordinarily well informed, as you meet them in soliciting insurance." No evidence was given or tending to prove that Blackstone was not sane at the time of the taking of this policy, or that he had had any trouble mentally for a period of 20 years. The court, in its direction to the jury, excluded this whole question, and told the jury that it was claimed on the part of the plaintiff, who introduced the testimony, that it tended to establish the fact of his insanity at the time of committing the act; that it was claimed on the part of the defendant that it tended to establish that he was subject to mental diseases, and that therefore, by the terms of the application, it was a false representation,—that Blackstone made a false representation in making the application, as regards that fact. But the court said: "Gentlemen, for neither of these purposes, nor for any other purpose whatever in the case, shall you consider this testimony." And we think the court very properly excluded this from the consideration of the jury. We need not discuss the other questions raised. The judgment of the court below must be affirmed, with costs.

SHERWOOD, C. J., and MORSE and CHAMPLIN, J. J., concurred.

CAMPBELL, J. I have had great doubts whether there was enough evidence to go to the jury on the question whether when Mr. Blackstone killed himself he was *non compos mentis*. But I am disposed to concur in the view that there was some such testimony, and that therefore the jury could act on it. I also agree that suicide by a person *non compos* does not come within the forfeiture clause of the policy. It has frequently been held by this court that such unsoundness is a question of fact, and not of law. I do not, therefore, think it necessary to discuss the theories on the subject, on which some confusion exists, arising more out of phraseology than from the essentials of the condition. I concur in the result.

NOTE.

LIFE INSURANCE—SUICIDE WHILE INSANE. Self-destruction by hanging, while insane, is not within the exception in a policy of insurance against "bodily injuries effected through external, accidental, and violent means," which provides that the insurance shall not extend to death caused by "bodily infirmities or diseases, or by suicide or self-inflicted injuries." *Insurance Co. v. Crandal*, 7 Sup. Ct. Rep. 685, cited in opinion, affirming 27 Fed. Rep. 40. The ruling in *Mills v. Robstock*, (Minn.) 13 N. W. Rep. 162, that suicide is no defense to an action on a life insurance policy issued for the benefit of designated beneficiaries, is cited with approval in *Kerr v. Association*, (Minn.) 39 N. W. Rep. 312. In an action on a policy limiting the amount to be paid in case the assured should die by his own hand while insane, the defense has the burden of showing that the assured intentionally killed himself while insane. *Insurance Co. v. Daviess' Ex'r*, (Ky.) 9 S. W. Rep. 812. A policy procured by one with the intention of committing suicide, and thus to provide for his family, is void on his committing suicide while sane, though it contains no provision that suicide shall void it. *Smith v. Society*, 4 N. Y. Supp. 521. A condition that suicide, whether voluntary or involuntary, shall void the policy, does not apply to an unintentional self-killing. *Keels v. Association*, 29 Fed. Rep. 198; *Insurance Co. v. Hazelett*, (Ind.) 4 N. E. Rep. 582. For full discussion of the subject of suicide as avoiding life insurance policies, see note to *Insurance Co. v. Hazelett*, *supra*.
—(By Editor *Western Reporter*)

JOURNALS AND BOOKS.

SIXTH REPORT PA. STATE COMMISSION ON LUNACY.

An interesting and very able report of 226 pages. We note a few leading facts.

Pennsylvania has five State Hospitals for the Insane, viz: at Harrisburgh, at Danville, at Norristown, at Warren and at Dixmont, aside from the Philadelphia hospitals and other private institutions, containing 4,572 insane Sept. 30, 1888.

On Sept. 30, 1888, there were in institutions under care of the Committee 6,510 insane, and increase of 251 over the previous year; 541 in private and licensed houses, 588 in almshouses and 65 in jails and penitentiaries.

There has been a steady increase in number of the insane each year in State hospitals over the preceding year since 1883, viz: in 1884 an increase of 36, in 1885 of 266, in 1886 of 283, in 1887 of 336, and in 1888 of 251. A corresponding decrease of 922 in almshouses.

In regard to mechanical restraints the committee say: "It can hardly be said that mechanical restraint is now used in any private or State hospital of this commonwealth. Occasionally for surgical reasons it may become necessary, or for the prevention of injury to the patients themselves or to other patients. It is never otherwise used."

The committee strongly urge upon the Legislature of the State, an appropriation for the construction of a State hospital for the criminal insane.

Out of the 65 almshouses of Pa. in 1885, thirty contained insane, which was reduced to 27 in 1886, 21 in 1887, and at date of report, Sept. 30, 1888, only 12 of the county almshouses contained the insane.

The whole State is districted into what are called five Hospital Districts for the Insane, one for each of the State institutions, and the transfer of insane from county almshouses to State institutions is progressing slowly and surely in Pennsylvania.

The report gives a detailed report as to each of the State and private institutions, with cuts of some of them; and an elaborate report of the practical working of the almshouses in each county of the State, with very valuable and elaborate statistical tables.

All in all, it is a very able, practical and impartial review of the whole lunacy system of Pennsylvania as it existed at the date of the report.

THE SANITARIAN publishes an interesting and valuable paper on Medical Expert Testimony, in May number, by Dr. Saml. B. Ward, of Albany, which was the Presidential address before the State Medical Society of the State of New York, on February 6, 1889.

FORENSIC MEDICINE IN BELGIUM.—The London Lancet announces, upon the authority of an article in the *Presse Medical de Belge*, the formation of a Society of Medical Jurisprudence in Belgium. Prof. Vleminck and Prof. Malooz are movers in the project. We shall look with great interest for further intelligence upon this subject.

The Society of Mental Medicine are considering, we are told, the formation of a section of that body upon Forensic Medicine, and from all these movements we confidently expect in the near future a society or organization in Belgium upon this branch of science.

THE LONDON LAW QUARTERLY contains an article in the April number, by Herbert Stephen, Esq., entitled "Murder from the Best Motives," severely criticising Dr. Thwing's paper on "Euthanasia in Articulo Mortis," and the discussion of the same in the society, and he also criticises Mr. Clark Bell's observations upon the same paper in quite the same vein. Mr. Stephen laments his want of medical knowledge, to enable him to form an opinion whether the criticised gentlemen were guilty of murder, or only an attempt to commit murder. Mr. Stephen objects strenuously to murders of this character. The editor of the Journal, in a note upon the article, concludes that if death did not ensue (which was the fact in both cases) there was nothing to discuss. Mr. Stephen's paper is exciting and interesting, however.

THE NOTES contain valuable essays by A. Wood Renton, Esq., one of the members in London of the Medico-Legal Society of New York, author of the recent paper entitled "Testamentary Capacity in Mental Diseases," which was read before the Medico-Legal Society here.

That article had appeared in the London Law Quarterly, from which it was read before the Medico-Legal Society, and so stated at the meeting, but the December number of this journal, by a strange accident, omitted to credit the London Law Quarterly, or to announce that the paper had been read before the body.

(We intended to publish several reviews here, notably that of Mr. Letchworth's new work, but the earlier issue of this number and other circumstances crowd them out.)

*BOOKS, JOURNALS AND PAMPHLETS
RECEIVED.*

GUY'S HOSPITAL.—Report for 1888. Vol. XIV.

F. A. DAVIS, Philadelphia.—Bowers *Materia-Medica Pharmacy and Therapeutics*. (1888.)

C. A. RICE, M.D.—Transactions Mississippi State Medical Association. (1888.)

GOV. ROBERT TAYLOR.—Message to Tennessee Legislature, January, 1889.

DR. J. A. FORT.—Nonveaux faits confirmant l'efficacite de l'Electrolyse Linéaire, &c., &c., Paris. (1888.)

Nouveau procedé pour guerir les Rétrécissements de l'Uréthère, Paris. (1880.)

R. E. YOUNG, M.D.—First Biennial Report of Missouri State Lunatic Asylum No. 3. Nevada, Mo. (1888.)

JAMES OLMSTEAD, M.D.—Twenty-second Report of Conn. Hospital for Insane. (1889.)

SMITHSONIAN INSTITUTE.—Report of International Exchanges. (1888.)

ACADEMIE DE MEDICINE, Paris.—Bulletin. 3d Series. June 20. 52d year,

ASSOCIATION FRANCAISE POUR L'AVANCEMENT DES SCIENCE, Paris.—Informations and documents divers. No. 53. (1888.)

DR. A. TALADRIZ LA OREJA EXTERNA.—Estudio de Anriropologia Criminal del. Dr. Luis Frigerio. Alexandria. (1889.)

CORNELL UNIVERSITY.—Bulletin of the Agricultural Experiment Station. No. 4. (1888.)

LAIRD & LEE, Chicago.—Conklin's Handy Mannal. 1,000,000 facts. (1889.)

G. P. PUTNAM'S SONS, N. Y.—Cutters, Physics and Chemistry. (1889.)

LEWIS DE MASON, M.D.—Etiology of Dipsomania and Heredity of Alcoholic Inebriety. (1888.) Pathological Changes in Chronic Alcoholism. (1888.)

BOARD TRUSTEES STATE CHARITABLE INSTITUTIONS, Kansas.—Sixth Bi-ennial Report. (1888.)

SELDON H. TALCOTT, M.D.—Fifteenth and Seventeenth Annual Report of State Insane Asylum at Middletown, N. Y. (1888.) Traumatic Insanities and Traumatic Recoveries. (1888.)

WALTER CHANNING, M.D.—The Codman Will Case. (1888.)

G. H. TILDEN, M.D.—Transactions American Dermatological Association. (1888.)

CHAS. L. BRACE, Esq.—Thirty-sixth Annual Report Children's Society. (1888.)

BAKER-MARY G. EDDY.—Historical Sketch of Christian Science Cure. (1889.)

BARON WILHELM VON LANDAU.—Travels in Asia, Australia and America. (1888.)

HAHNEMANN HOSPITAL, N. Y.—Annual Report. (1888.)

FREDERIC TAYLOR.—National Control of and Uniform Law for Ratings. (1889.)

NEW YORK COLORED ORPHAN ASYLUM.—Fifty-second Annual Report. (1888.)

LADIES' HEALTH PROTECTIVE ASSOCIATION, N. Y.—Memorial to Mayor Hewitt. (1888.)

NEW YORK WEEKLY AMUSEMENT BULLETIN. (February, 1889.)

S. B. BUCKNER, M.D.—Third Biennial Report Wisconsin State Hospital. (1888.)

NEW YORK STATE BOARD CHARITIES.—Annual Report. (1888.) Report of Standing Committee on the Insane. (1888.)

JAMES T. STEEVES, M.D., Supt.—Reports of Provincial Lunatic Asylum, St. John's N. B., for 1885, '86, '87.

SAMUEL WESLEY SMITH, M.D., State Commissioner on Lunacy.—Report for 1888 from June 24, 1888.

HAROLD P. BROWN, Esq.—Comparative Danger to Life of the Alternating and Continuous Electric Currents. (1889.)

JOHN CURWEN, M.D.—Annual Reports of Pennsylvania State Hospital for Insane at Warren, for 1881, '82, '83, '84, '85, '86, '87 and '88. (Complete.)

C. H. HUGHES, M.D.—Report on Bibliography. (1883.)

Therapeutic Value of Cephalic and Spinal Electrizations.

Curability of Epilepsy by Galvanism and the Bromides.

True Nature and Definition of Insanity.

Neural and Psycho-neural factor in Gynaeciac Disease.

Infantile Paralysis.—Spasm of Levator Anguli.

Scapulæ Muscle.—General Paresis.

Migraine.—Insanity and Disease.

Mysomania.—Hygiene of Nervous System and Mind.

Electrotherapy.—Address on Insanity. (1879.)

Borderland Records—Moral Insanity.—Morbidly Sensitive Moral Sense.

Encephalotropic Insanity.

Post —Epileptic Paralysis,

Cocainomania.

Aphasia or Aphasic Insanity. Which ?

Opium Eating Experiences.—Neurasthenia.

Meconeuropathia.—Sketch of the Life of H. W. Hughes.

Report on Bibliography.

A. J. OURT, M. D.—Sixth Report of Pa. State Committee on Lunacy. (1888.)

JOHN N. McCLENLOCK—The Granite Monthly, Vol. 2, Nos. 1 and 2. (1889.)

J. R. BARTLETT—Plans for supplying pure water to New York and Brooklyn.

Dr. S. J. HALBERTSMA, *Rotterdam*, Holland—Verslag, Betteffende Het. Geneeskundig Gesticht voor Krantzingen te Rotterdam. (1888.)

Gov. AMES, OF MASS.—Manual of General Court of Mass. for 1888.

Dr. E. MATHER—Eminent Doctors, Their Lives and Works, By G. B. Bellany, 2 Vols.

E. D. G. PRIME—Notes on the Prime family. (1888.)

Norman Kerr, M.D., London, (H. K. Lewis & Co.) (1888). "Inebriety, its Etiology, Pathology, Treatment and Jurisprudence."

C. H. BOARDMAN, M. D.—Report of Committee on Medical Jurisprudence to State Medical Society of Minn.

W. W. IRELAND, M. D.—The suicide of Rudolph, Crown Prince of Austria. (1889.)

FREDICK PETERSON, M. D.—Study of Muscular Tremor. Electric Cataphonsis as a Therapeutic Measure.

FRED. PETERSON, M. D., and E. D. FISHER, M. D.—Cranial Measurements in twenty cases of Infantile Hemiplegia.

P. ALFRED MARCHAND.—Twenty-eighth Annual Report Cinn. Hospital. 1888.

W. L. SCHENCK, M. D.—Preventitive State Medicine. (1887.) Sewage Disposal. (1888.)

JOHN S. DAVIS, M. D.—Epicystic Surgical Fistula for Cystoscopic Exploration. Intravesical treatment and drainage.

FRED. R. LEE, ESQ.—Argument before Legislature against further Medical Legislation. (1889.)

HORLYN HITCHCOCK, M. D.—No. 2, Vol 1, Journal of Homœopathies.

B. D. EASTMAN, M. D.—2d, 3d, 4th, 5th and 6th Biennial Reports of Kansas State Insane Asylum at Topeka.

MAGAZINES.

SCRIBNER.—The June number contains an interesting paper on "Electricity in the Service of Man," by C. F. Brackett, and a breezy article on striped bass fishing, by A. Foster Higgins.

There is an affectation among some electricians that this agent should not be used in public executions, which sounds like an objection to sulphur, because used in gunpowder, or gunpowder itself. We might expect to hear that hemp should not be grown, because it is used on the gallows, or steel made because it is the soul of the guillotine.

The law has the same claim on electricity to help kill the offenders that it has on any other substance or agent.

JOURNAL MENTAL SCIENCE.—The April number is very interesting. Dr. C. T. Dent contributes a paper on "Insanity following Surgical Operations," Rev. W. D. Morrison one on "Reflections on the Theories of Criminality." Dr. Fletcher Beach gives the American retrospect, in which, commenting on the labors and influence of the Medico Legal Society of New York, he says: "It is a great pity that there is no such society in England at which medical and legal matters, could be discussed between members of the medical and legal professions. From such discussions there is no doubt good would result."

Dr. Alex. Robertson publishes a vigorous protest in this number against a certain tendency in England and Scotland to introduce mechanical restraints, under various pretexts, and in what are called mild forms, and he characterizes Dr. Yellowlee's efforts in this direction as "the leader in Scotland of what he terms to be a *retrograde* movement," and calls his attention to the inscription on the foundation stone at Gartnavel Asylum: "Employing no Mechanical Personal Restraint in the Treatment of the Insane."

ANNALES MEDICO-PSYCHOLOGIQUES :

Dr. Mairet contributes a paper entitled "Folie de la Puberte."

Dr. Henry Bonnet one entitled "La Pellagre chez les Alienés."

Dr. J. A. Campbell one upon "Treatment of the Insane."

Dr. Dagonet contributes an able paper of a medico-legal character on suspected simulation by the "Insane," with the details of an interesting case.

The May number, 1889, gives also the proceedings of the Society Medico-Psychologiques, reviews of books and journals, and an index of the volume which it closes.

THE GREEN BAG, published by Charles C. Soule, in Boston, commencing with the present year, is attracting much attention among lawyers by the ability with which it is edited and the general interest in its columns. It is beautifully illustrated, and we heartily welcome it to our exchange list. It deserves and we believe will obtain a large circulation.

THE QUARTERLY JOURNAL OF INEBRIETY.—Dr. Crothers makes steady growth and progress with this journal, devoted as it is to various forms of inebriety and the questions arising from the evils of intemperance.

It is the most able, as it is the most advanced, exponent of scientific thought upon these interesting and important topics.

NORTH AMERICAN REVIEW.—The sad and untimely death of Mr. Allan Thorndyke Rice, the editor and proprietor of this journal, since the issue of the May number, is an event that has produced a profound sensation in our city. In the zenith of his prosperity, on the very eve of his departure to Russia as Minister Plenipotentiary under the new administration of Gen. Harrison, he died suddenly, without any idea that he was seriously ill, and with no opportunity for preparation for his death.

His death seems most untimely, as he was unquestionably at the beginning of a great career.

THE GRANITE MONTHLY.—John N. McClintock is the editor of this journal devoted to the literature, history and progress of New Hampshire. Its greater merit is its historical sketches of distinguished men and prominent families of the Granite State. Its cost is only \$1.50 a year, and it should have among New Hampshire's sons and their descendants scattered throughout the Union a large circulation.

THE CHICAGO LAW JOURNAL.—The change in the editorial management of this journal must have been brief. It comes back again to its old editor and its old forms, and we are glad to see it as before.

MAGAZINE OF AMERICAN HISTORY.—The Centennial has intensified interest in Mrs. Martha J. Lamb's journal, which she has improved beyond all expectations.

LIPPINCOTT'S.—The best thing in the June number of this journal, from our standpoint, is George W. Child's Retrospects, which, we are told, is to be a feature of the next number. We congratulate the management on their good fortune in securing this contributor.

DR. CHARLES HAMILTON HUGHES.

Dr. Hughes, of St. Louis, is remotely of Welch-Irish stock on the paternal side and French and German on the maternal, but directly descended of American revolutionary stock. His great-grandfather, Richard Hughes, who served with Washington at Valley Forge, receiving a wound in action at the battle of Brandywine, settled at the close of the revolutionary war (through which he served), at Rockingham County, Va., where he died at the age of one hundred and five years.

This paternal ancestor once occupied and owned, before his final settlement in Virginia, the site where the city of Harrisburgh, Pa., now is. The lineage of Dr. Hughes' family, besides being unbrokenly descended from one of the sires of the revolution, is clearly traceable, according to Chalmer's record of British pedigree, to the best royal blood of Wales.

Dr. Hughes was born in St. Louis on the 23d day of May, 1839, partly educated in the public and private schools of that city, and completing his medical education there, where he graduated at the St. Louis Medical College, in 1859, having devoted four years at that early day to the study of medicine and allied sciences before graduating.

His literary education was further pursued at Dennison's Academy, in Rock Island, and at Iona College, Davenport, then under the control of a picked faculty from Amherst College.

Dr. Hughes's professional life began as an acting assistant physician in the United States Marine Hospital

service at St. Lou's, while he was yet a student. Then one year as a country practioner; then, after visiting the hospitals and colleges of the East, he entered the Government service as an assistant surgeon in the early part of the war, being promoted to full surgeon in July, 1862, when, under direction of Medical Director Madison Mills, he took charge of the Hickory St. Port Hospital and the McDaniel's College Prison Hospital of St. Louis, having been previously removed by the same order from the U. S. Marine General Hospital, which by the same direction he had assisted in transforming from a marine to a military hospital for the reception of the sick and wounded after the first battle of Shiloh.

Dr. Hughes was an active medical officer during the war to his honorable muster out of service in 1865, having had entire medical charge, with suitable assistants, of the forces from St. Louis to Pilot Knob in 1862-3, including a field hospital at Victoria, and port hospitals at De Soto, Ironton and Pilot Knob, Missouri, besides medical charge of the straggler's camp at St. Louis, and at the time of Price's final raid into Missouri, of the Refugees and Freedmen.

But Dr. Hughes military services do not materially interest us save as showing the varied and extensive character of that general experience which had operated to train his judgment, for the solution of those grave medical problems which have subsequently claimed and so satisfactorily received his attention.

Our interest in the life of Dr. Hughes begins with that epoch in his career when he laid aside the tourniquet and scalpel of the surgeon, which he so successfully wielded that one of his hospitals was characterized from inspection headquarters as the best conducted field hospital in the service, for the implements of the

psychiatric clinician, an event which metamorphozed the military surgeon into the peaceful alienist, the good surgeon into a better and more widely known neurologist. The transition took place when in 1866 he was placed upon the Board of Management, and early in 1867 was called to the Medical Superintendency of the Missouri State Lunatic Asylum, at Fulton, Missouri, then the only institution of the kind in the State, but now called No. 1., because of the two other similar State Asylums which have since been established there. Dr. Hughes remained at the medical head of this large institution, whose average number of patients was always over three hundred of all the varying forms of mental aberration for over five full years, making annual visits to other institutions within and without the United States, and studying with that zeal which has always characterized his professional life, the varying phases of mental disease in hundreds of hospitals and with the kindly assistance and advice of the venerable Ray and Stribbling, of Workman and Landor and Howard, of Tyler and Gray and Pliny Earle and Bucknill, and of hosts of other famous names among living and the dead in the walks of clinical and forensic psychiatry, who were the friends and patrons of his youth, until his young heart was filled full with the grandeur of his chosen pursuit, and stimulated into a lifelong enthusiasm by the noble example of lives so illustrious and so worthy of emulation.

Dr. Hughes was the youngest medical superintendent of any American hospital at the time he was appointed as he was probably one of the youngest surgeons in the Union service when he was commissioned. He early identified himself with the Association of Superintendent of American Institutions for the Insane, meeting an-

nually with this distinguished body and coming in contact with its shining lights, imbibing illumination and experience, from the more venerable in years and knowledge of that distinguished body. In 1876, at the International Medical Congress, held at Philadelphia, he read before the Section of Psychiatry the first American contribution ever made before any public association on the interesting subject of the Simulation of Insanity by the Insane. This paper was at the time and still remains the most systematic and complete treatise extant upon this important subject in forensic psychiatry.

Dr. Hughes's previous essay at Nashville, Tenn., before the Association of Superintendents, entitled "Psychical or Physical," being an inquiry into the relation of mind and organism and a critical discussion of the mind and matter problem, which then, so shortly after Maudsley's first work had appeared, was attracting so much attention from mental philosophers and alienists, made a marked impression upon the association and the profession without as a remarkably clear presentation of a much discussed and much obscured subject.

Since the classical essay on simulation Dr. Hughes' contributions have been numerous and almost constant, until nearly every practical subject which might engage the attention of alienists and neurologists in active practice has received elucidation in some phase from his clearly-descriptive pen. Besides the many medico-legal papers, he has written the papers of the *Alienist and Neurologist*, a journal of scientific, chemical and forensic psychiatry and neurology, which he founded in 1880, has contained in each number, from its birth to the present date, samples of his industry, both in its original and editorial departments. This journal has always

been a favorite with students of medico-legal psychiatry and clinical neurology, because of the peculiar perspicacity, the force, simplicity and practical character of its editorial utterances and the soundness of its doctrines generally. It has run and holds a special and peculiar place in the field it occupies, and its success is at least chiefly due to its distinguished editor.

Dr. Hughes' latest and best contribution to psychiatry, whatever biased critics with other definitions of their own may think, is in the "true nature and definition of insanity," read at the last International Medical Congress in Washington, 1887, before the section of psychiatry, of which Dr. Hughes was one of the vice-presidents, as he was also one of the vice-presidents of the Physiological section, but this excellent and enduring contribution by Dr. Hughes was given to the International Congress at London, in which, though open to criticism from certain sources—for it was on the vexed and mooted question of moral insanity—has received European commendation from exalted sources of psychiatric distinction.

Dr. Hughes' several contributions to psychiatry, as already intimated, have been too numerous for designation here. He is known by his work and of his work, and from his work is inseparable to those who know him. Wherever he goes his works do follow him and, it is all good work.

Besides his membership in the Association of Superintendents, American Neurological, American Medical and local medical associations, which show his active interest in his profession, he is an honorary member of the British Medico-Psychological Society, corresponding member of the New York Medico-Legal Society, and of other distinguished professional bodies. He has long

been a lecturer on psychological and neurological medicine and electrotherapy in an old and renowned Western medical college—the St. Louis—and is besides engaged in an active and remunerative practice, limited to nervous and mental diseases only, in his native city. He is emphatically a busy man—never idle—whose practical motto, as exemplified in his daily life, from his youth up, seems to have been “*Labor omnia vincit*,” and in him and in his work it has accomplished much, and is likely yet to achieve much more, for he is still in the prime of life, in the full tide of a vigorous, industrious and enthusiastic manhood, with a zeal undiminished in his chosen and devoted life-work. His name is synonymous with Alienist and Neurologist—the work he edits—and we hope he may live long among us to enjoy, and that we may enjoy, the fruits of his zealous labor in a great cause.

JOSEPH GUISLAIN.

We can add nothing to the sketch of the life of this illustrious Belgian made by his successor, Dr. Jules Morel, beyond the expression of that respect with which his memory is everywhere received, by those who know the lesson of his life and its record, for the uplifting and good of the insane.

This copy of the statue erected to his memory in Ghent, the city and theatre of his work, was presented to me by Dr. Jules Morel, now in charge of the hospital named after him, on the occasion of my recent visit there in 1887. To it all lands gave something, and towards it and the memory of the man whose virtues and goodness it immortalizes turn, with reverence and love, the hearts of all thoughtful minds who pity and seek to ameliorate the condition of the insane. C. B.



*JOSEPH GUISLAIN,
Statue of Ghent.*

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John C. Allen

MONOMANIA.

BY CLARK BELL, ESQ.

President of the Medico-Legal Society of New York.

“There is a pleasure in being mad, which none but madmen know.”—
(Dryden.)

Webster defines monomania as follows :

“Derangement of a single faculty of the mind, or with regard to a particular subject, the other faculties being in regular exercise.”

Worcester defines it from its Greek roots : *μονος*, single, and *μανια*, madness.

“Insanity upon one particular subject, the mind being in a sound state with respect to other matters.”

QUAINS MEDICAL DICTIONARY in a definition under this head, written by Dr. G. F. Blandford about 1882, says :
“This term is falling into disuse on account of its vagueness, and because it has been employed by various writers to denote different kinds of insanity. Some have used it to denote an insanity which is indicated by some one particular delusion, the mind remaining clear on every other point. Others mean by it an insanity without delusion ; an *affective* or *impulsive* insanity, the essence of which is the absence of delusion and the so-called integrity of the intellectual portion of the mind.”

Esquirol thought it a disorder of the faculties limited to a few subjects, with excitement and gay and expansive passion, while according to others *melancholia* without delusion would be an instance of affective *monomania*. “We may take it, however, that all authors are agreed in using the term *monomania* to indicate a par-

tial insanity, which enables the patient to converse and act rationally to a considerable degree, and therefore renders his responsibility a matter of question. Such cases form the ground of forensic contests, whether criminal or civil ; but it is better to affix to them some more precise form and to indicate symptomatologically and pathologically the exact nature of the mental and bodily condition of the alleged lunatic."

Esquirol evidently regarded *monomania* in a different light from the English lexicographers. He, though a pupil and an ardent disciple of the great Pinel, made *monomania* a separate order and head of a class in his classification. PINEL had classified insanity as Neuroses under four heads, viz: Mania, Melancholia, Dementia and Idiotism. Esquirol modified this plan as follows: 1st, Lypomania; 2d, Monomania; 3d, Mania; 4th, Dementia; 5th, Imbecility and Idiocy.

In describing *monomania* Esquirol says: "Among *monomaniacs* the passions are gay and expansive; enjoying a sense of perfect health, of augmented muscular power and of general well being, this class of patients seize upon the cheerful side of everything; satisfied with themselves they are content with others. They are happy, joyous and communicative; they sing, laugh and dance. Controlled by vanity and self-love, they delight in their own vainglorious convictions in their thoughts of grandeur, power and wealth; they are active, petulant, inexhaustable, in their loquacity and speaking constantly of their felicity. They are susceptible and irritable; their impressions are vivid, their affections energetic, their determinations violent; disliking opposition and restraint, they easily become angry and even furious."

Esquirol, by selecting *monomania* as one of his sep-

arate heads or forms, may be said to have been the one who introduced this nomenclature to the profession—its author or proposer. Upon his authority this term has been adopted by a large number of the medical and by a few of the lay writers.

Morel, in criticising Esquirol's definition and description of *monomania*, says: "We cannot too strongly invite the attentive reader to reflect upon these peremptory passages and consider whether Pinel and Esquirol, who wrote them, should not have arrived at the conclusion that through an unfortunate confusion of ideas they mistook a systemized delusion for an exclusive and local delusion. We affirm the close connection, the solidarity of the ultimate relation between the various acts of the intelligence, not only in the home of our observations and of our personal inductions, but also in the name of the history of philosophy. This being granted the question is whether the condition of mental alienation can break this essential law of the unity of intellectual life; for it is clear that if logic and experience constrain us to decide this problem in the negative, we ought also to reject the theory of ESQUIROL. We could not have a complete idea of the motives which impel the insane to some of their acts, unless we were freed from error in regard to *monomania*.

Dagonet thus speaks of *monomania*: "In fine, the term *monomania* might without inconvenience disappear from science, where it becomes a cause of confusion and embarrassment in the study of pathological facts."

Marc, who wrote in 1840, and who was a careful student and countryman of Esquirol and Pinel, devotes considerable space to *monomania*. He takes similar views to the illustrious Frenchmen who had preceded him, and treated *monomania* as a type or phase of

insanity, subdividing it into Homicidal Monomania, Suicidal Monomania, Demoniactal Monomania, Sexual Monomania or Erotomania, Monomanie du vol, or Cleptomania, Incendiary Monomania or Pyromania, and lastly Contagious Monomania. (Vol. 1, Marc on Insanity, p. 221 Annales de Hygiene et de Med Legale, Vol. X, p. 357.)

A study of this author illustrates how utterly misleading the term *monomania* is, and how completely and fundamentally authors who do use the term, differ as to its meaning.

Pope means the monomaniacs of Esquirol in his verses :

“Unnumbered throngs on every side are seen,
Of bodies changed to various forms by spleen ;
Here living teapots stand, one arm held out ;
One bent ; the handle this, and that the spout ;
A pipkin there like Homers tripod walks ;
Here sighs a jar, and then a goose pie talks.”

The lay writers, judges and lawyers almost universally, have given to the term monomania the signification and definition, that Webster and Worcester give in their lexicons.

The judge on the bench, the lawyer and jurist everywhere, regard the monomaniac as one who labors under some *one* delusion, and in all other respects possesses clear faculties. It has been made the subject of judicial decisions in that class of cases denominated “partial insanity,” as well as in “insanity with lucid intervals,” both of which the law fully recognize, where the evidence brings the case within either of these states or conditions, which to the legal and general lay mind, seem clearly recognizable and definable. Among many medical writers this general view of the laity is not accepted.

Kraft-Ebing and the German medical alienists do not use it in such a sense, nor within such limitations.

In Kraft-Ebing's classification of insanity he divides mental disturbances into two great classes : A. Mental affection of the developed brain, which embraces all forms of insanity, and under B. Mental results of arrested brain development, as idiocy and cretinism. Of class A. he makes three subdivisions :

1. Psychoneuroses.

a. Primary curable conditions, and

2. Secondary incurable states under subdivision

a, of which he names "*secundæ verruecktheit*," which is translated by some as "secondary monomania."

In his second subdivision of class A.

2. PSYCHICAL DEGENERATIVE STATES, under subdivision C. of which he gives "*primaere verruecktheit*," which has been translated by some, and we think improperly, "*Primary Monomania*." It is not at all certain that Kraft-Ebing means, to embrace in his classification under these terms, the monomania of Esquirol and Pinel, nor the state which is now usually meant by the German writers, when the term *monomania* is used. There is no high authority we have seen for claiming that Kraft-Ebing would consent, to the use of these terms as synonymous. In the second subdivision of his criticism upon classification of mental diseases, he says :

"Melancholia in the sense of dejection, is closely allied with self-complaining monomania and "demeaning monomania," known as one of the forms of disease frequently found outside of asylums, but rarely in them."

3. Upon the whole, exhilaration with self-vaunting monomania, and volubility of expression, are seldom enumerated under the heads of mania, nor in any delir-

ious state. This classification separates the latter state, from the forms of acute insanity, just as it does exhilaration, from the self-vaunting monomania, of chronic primary insanity.

Theodore Meynert certainly does not use the various forms of monomania referred to in his paper on classification, read before the Austri-Hungarian School of Psychiatry, a translation of which by Albert Bach, is found in No. 4, Vol. 3 of the *Medico-Legal Journal*.

Prof. Senator Andrea Verga certainly does not mean such a type or form of insanity, in the monomania he includes as a distinct heading, and as one of his subdivisions of acquired phrenoses. He enters it as a type, and subdivides monomania into two classes, "Intellectual and Emotional." Indeed, it cannot be said that these terms either mean the same thing in their literal meaning, or that the states described by the German term, *Verruecktheit*, having anything in common, with what is usually regarded as monomania, by either medical or lay writers. It is significant that Kraft-Ebing, in his classification, does not use the term monomania at all, and it is more easy to believe that this celebrated German writer, is one of those, who have decided to discard it altogether.

The American authority, Prof. Ewell, who has translated Kraft-Ebing's classification into his recent treatise, has doubtless been misled, by copying from some of the younger writers, who make this translation more to support theories of their own, than to interpret the author's true meaning. Indeed, as used by Kraft-Ebing in his classification, neither "*primaere verruecktheit*" nor "*Secundaen verruecktheit*" as classified by him, can by any fair construction be claimed to mean, the monomania now in use in English-speaking countries, because subdivision 2 of Kraft-Ebing's classification refers to incurable

b'e types, and in other respects differs, from the generally received opinion of the proper use of the term, "Monomania," though no one is in doubt as to the literal meaning of the "verruecktheit" of the Germans of which we speak elsewhere.

Greisenger, that eminent name, in speaking on this subject, says:

"Thus the excitement of the monomaniac does not pass so immediately towards the exterior; effort is accompanied by clear conscious thoughts and opinions loses thereby its instinctive character, and becomes actual morbid volition. With far greater, sometimes with perfect outward calm, there is a more profound internal loss of reason, than in mania, because consequences soon result from the general excitation which set aside the essential conditions of healthy mental action." Prof. Lefebere, in his classification, does not include monomania as a head, but in discussing the subject in the paper read before the Antwerp Congress of September, 1885, on the various forms of mania, he says: "Then the extent of the delirium, whether general or partial mania or various, and the various forms of monomania, moral and intellectual insanity should also be regarded as proper subdivisions to types of *monomania*."

It is quite apparent that none of the Belgian Alienists regard monomania with such limitations as do English and American jurists or lay writers. Dr. Steenburg, in his basis of classification submitted to the Belgian Society, after a full conference with prominent alienists in Denmark, Norway and Sweden submits, seven distinct heads or forms of insanity, the third of which he classifies as Degenerative Insanity, which he subdivides as follows: "Primare verruecktheit" or monomania, Hypochondria, Hysteria, Recurrent Insanity, and Moral

Insanity. The primare verruecktheit of the Germans, has a much broader sense than can be properly given to the term "monomania," though it would seem that there is an attempt by some writers to use them synonymously. The verruecktheit is derived from "verrueckt," which means "shifted from its place"—and is analagous to the Scotch phrase indicative of a derangement of the mind, "a bee in the bonnet," or our own expression, "a screw loose," or the significant term, "cracked." Neither of these expressions can with any propriety mean or be used for "monomania," and there is nothing in the etymology of these expressions that at all indicates or means "monomaniacs." Sankey says, speaking of Greisenger's work below, that he divided it into three parts. 1st: States of mental depression; 2d, states of mental exaltation; 3d, states of mental weakness, and in considering the latter he makes four degrees, or excluding the last, *Idiocy*, three degrees of mental weakness. The first of these three divisions, *verruecktheit*, the second, *verwertheit*, and the third *blödsin*. Verruecktheit corresponds to our word, imbecility, but Greisenger was, he says, criticised for including this, which, as was said above, literally means a defect in intellect, among the states of mental weakness, since in certain cases according to his own accounts, there remains a good deal of tendency to violence. (Sankey on Mental Diseases, p. 187, et seq.)

Dr. Ralph Parsons says that "within the past few years the term, *paranoia*, has been used to a considerable extent as a substitute for the term *monomania*, especially by the younger writers on the subject of mental diseases." But he claims that the objections to this term as a substitute, are as forcible and strong, as to the use of the term *monomania* itself, because "If the meaning

of monomania is too narrow, for the purpose required, that of paranoia is too broad, and it may be added, too definite for the designation of something different from its evident meaning, which is simply distraction, craziness, insanity."

Paranoia, as the synonym of folly, retains its original signification and has nothing in common with the meaning to be conveyed by the term monomania."

Ewell, in his recent work on Medical Jurisprudence, makes monomania synonymous with paranoia, adopting the views of the ambitious young writer who can hardly be regarded as an authority, and thus defines monomania: "Monomania, as it has hitherto been called, or 'Paranoia,' is a chronic form of insanity, based on an acquired or transmitted neuro-degenerative taint, and manifesting itself in anomalies of conceptional sphere which, while they do not destructively involve the entire mental mechanism, denominate it." (Ewell's Med. Juris., p. 360.)

Sankey says upon this subject: "Monomania—This term has been used in different ways; by some it is taken to mean that a patient was mad on only one point or one subject. Such was not the signification meant by those who proposed it, and such a condition does not exist. Most writers have agreed to abandon the term. (Sankey on Mental Diseases, p. 194.)

Greisenger holds similar views. (i. e., *Pathologie und Therapie de Psychischen Krankheiten*, 45.)

Dr. W. A. Hammond in his classification of insanity makes seven general divisions: 1. Perceptual; 2. Intellectual; 3. Emotional; 4. Volitional; 5. Compound; 6. Constitutional; 7. Arrest of Mental Development. In his second subdivision on intellectual insanities he makes six subdivisions, the first two of which

are: *a.* Intellectual monomania, with exaltation. *b.* Intellectual monomania, with depression.

Dr. Ray does not include the term monomania in his classification. Neither do Dr. R. L. Parsons, Dr. H. P. Stearns, nor Dr. Walter Channing. It is not named in the basis adopted by the German alienists at Frankfort on the Main in 1881; in the Westphal plan of 1885, nor the Wiesbaden plan of 1883, nor in Meynerts classification, that of the Swiss alienists submitted by Prof. Willie, nor that submitted by Dr. Steenberg for the Scandinavian countries. By the manner in which they use it, their seventh general heading is "chronic delirium" (monomania). There would be confusion and difference of opinion between American and English lawyers and physicians, as to the exact meaning intended to be given by the English alienists, in embracing "monomania" in brackets under the general head of "chronic delirium." It would seem to imply as there used rather certain phases of chronic or incurable mania than an insanity limited to a single subject or indeed a class of subjects.

Dr. Hach Tuke thus speaks of the subject: "We heartily wish 'monomania' had never been introduced into psychological nosologies, for if understood in a literal sense, its very existence is disputed, and if not the various morbid mental conditions it is made to include by different writers, leads to hopeless confusion. With one author it means only a fixed morbid idea, with another only partial exaltations, while a third restricts it to a single morbid impulse. As we proceed we shall consider its signification, but we shall not frequently employ the term."

Dr. Henry Maudsley, writing on monomania, says: "The course of monomania is not often toward recovery. The reasons are plain: In the first place, when it is

secondary to mania or melancholia, it signifies a chronic morbid condition, which is a further stage of degeneration, of the delicate organization of mind. In the second place, when it is primary, it is the morbid outgrowth of a fundamental quality of character, so that to get rid of it, would be to undo the very character from its foundation." And again: "It is doubtful whether there is ever only one point, on which the mind is unsound." And again: "When the monomaniac (so called) comes under the observation of one, who is not only competent to observe, but has sufficient opportunities to do so, it will commonly be found, that there is a bluntness or loss of his natural affection and social feeling, in consequence of his being so entirely centered, in his morbid self; that his character and habits have undergone some change, and that he exhibits an excitability of mind, with loss of self control, in circumstances which would not formerly have provoked it."

The Saratoga conference of American alienists placed *monomania* also in brackets, under their 3rd general subdivision of heads or types, viz: "Primary delusional insanity (monomania)." And while it is here, as in England "relegated to brackets," as Dr. Walter Channing aptly states, it is misleading as thus used in the American classification, and not quite understandable to lay writers or judicial minds, even though physicians should all concur with the eminent men who thus limited it, to primary delusional insanity, without apparently restricting it to one delusion, or even to one class of delusions. It is clear from a statement made by Dr. Walter Channing in his paper on international classification of mental diseases, that it was the intention of the American alienists, to make their 3rd division synonymous with the *Primäre Verruecktheit* of the Germans, showing

that the bent of the American medical mind, was to give at least in some degree, to the word "monomania" a special signification, not warranted by its derivation, by the lexicographers, and for which it lacked all the requisites of nomenclature, now recognized as necessary to a correct or available definition.

Dr. Theodore H. Kellogg, an American alienist of experience and a high authority, in an exhaustive essay on insanity over his name in the Reference Hand Book of the Medical Sciences, best illustrates the influence of German ideas, and teachings in his classification, not intended like these to which we have referred, as a basis for international statistics regarding the insane, but as a more complete and exact scientific classification, from the author's standpoint, which should embrace, as Theodore Meynert says, "All the possible learning of its day, and that none should stand that goes beyond that." Dr. Kellogg, a pupil of Meynert, looks at these questions through German spectacles. His classification is divided into two groups: A. (Somato-etiological), and B. (Psychosymptomalological). In his 1st group he has six classes, the 2nd of which is denominated as "Emerging from constitutional neuropathic states, usually hereditary though occasionally acquired." This class he divides into four orders, viz:

1. Instinctive insanity of childhood.
2. Primary monomania.
3. Moral insanity.
4. Periodical insanity.

In his group B, he has only three classes: 1, that of feeling; 2, of intellect, and 3, of will. He divides his first class of group B into two orders; the first, states of depression, and second, of exaltation. This first order (states of depression) he subdivides again into Genera

primary and Genera secondary, in the sixth subdivision of which he places "secondary monomania with depression, and in his second order (states of exaltation), in the second genera, he places in his fifth subdivision "secondary monomania with exaltation."

We have, then, from Dr. Kellogg primary monomania as a disease in his somato-etiological group, and secondary monomania, being of psycho-symptological form, and distinguished by depression on the one hand, and exaltation on the other. No one can for a moment contend that Dr. Kellogg uses the term in the restricted sense of the lexicographers. All jurists and lawyers would be in doubt, as would some medical men, as to what he does mean, by his use of these terms, if they had before them, only the classification itself. Dr. Kellogg says, however, in explanation: primary monomania (order 2) includes all those forms of fixed and limited delusions "that are the morbid result and expression of a constitutional neuropathic condition." And he fully describes his use of the term and of the secondary monomania, as he uses them (which have very little to do with the term as generally understood by legal or lay writers), and admirably and ably gives, that extended use of the term, that the abler writers of the German school have adopted. as a sort of growth, about which there is so much confusion among medical writers and which is *terra incognita* to laymen and jurists. It has come to be used in a very broad way by some writers who have not as completely defined what they do mean, as has Dr. Kellogg, but whose definitions are quite unknown, to the general reader. Dr. Kellogg gives the ablest and most complete classification, recently contributed to the profession, from a scientific standpoint, but not at all fit for a practical use, as a basis of

international statistics of the insane, and it is marred by the use of those terms, the signification of which, would not be correctly understood, by the average or general reader at all.

Thomas Medical Dictionary, a medical work, thus defines "monomania" (from the Greek *monos*, single, only, one; and *mania*, madness): a kind of insanity in which the patient is irrational on one subject only, on all others clear and correct. This term has been employed by various writers to denote different kinds of insanity, but authors now generally agree in using it to indicate a partial insanity, in which the patient can converse and act rationally to some extent. The term is falling into disuse on account of its vagueness. Among physicians who advocate the rejection of the term monomania, we may mention several. Pliny Earls says in his letter to Clark Bell, Esq., of April 15, 1885 (*Medico-Legal Journal*, vol. 3, p. 464): "I would reject the term monomania chiefly, because, 1st, I have never seen a case in which the delusion was confined strictly to one subject, although I have seen many in which it was limited to a class of subjects, or to one central subject, and all or many other subjects related to or connected with it; and 2d, because it has been extensively used in this country, as a cover for cases not only of delirium tremens and alcoholism, but in a multitude of instances of simple habitual inebriety."

Dr. Walter Channing, the able Secretary of the Saratoga Conference, in writing of its action regarding monomania, says: "Our form 3 of 'primary delusional insanity' was the only term coined for our arrangements, and is naturally the one most open to criticism. We desired to do away with 'monomania,' an expression which has slowly lost its significance, until it is now rele-

gated to brackets, and will soon be lost in oblivion" (American Journal of Insanity, January, 1888, p. 378).

Dr. Henry P. Stearns, the Vice-President of the Saratoga Conference, in an able paper on "Classification of Mental Diseases," says upon this subject: A few words in reference to the use of the term 'monomania.' Esquirol introduced this term, to designate a species, rather than a genus, of mental disease. It would appear that at first he thought, there was a special form *i. e.*, insert the clause pp. 354, 355, 356 in brackets, American Journal of Insanity.

Dr. Allen McLane Hamilton says in his recent work: "The term 'monomania' is an impractical refinement."

Dr. Ralph L. Parsons, an alienist of large and extensive experience, in an able paper upon "monomania," claims that this term, as used by Esquirol, was misleading, and its selection unfortunate for the purpose for which it was designed or intended to be used, by Esquirol himself, while the term as now used by medical men, does not even mean what Esquirol intended, illustrating that the monomaniac, as understood to-day, is often depressed in mind and hindered in his mental operations, the opposite of the "gay, rash, petulant, audacious," talkative, blustering, pertinacious and easily irritable type, described by him, and is not necessarily found in the course of the disease to be "of more acute duration shorter and termination more favorable," as defined by Esquirol. Dr. Parsons says in his paper "Nomenclature in Psychiatry, Journal of Nervous and Mental Diseases, vol. xlv., No. 4." "The objections to the term 'monomania' are such that many physicians engaged in the care of the insane do not use the term at all." And in his classification of mental diseases he omits entirely the term "monomania" altogether in a

very elaborate and able classification, as misleading and improper to be used. In the former paper, after reviewing an author who had undertaken a defence of the term, which he characterized more as an apology than a defence, and a general consideration of the views of various writers on the subject, Dr. Parsons remarks:

“The objection to the term, however, does not lie in the fact that its literal meaning, and the signification attached to it, by learned writers on the subject, fail to correspond, but in the fact that its literal meaning is so well defined and so easily understood, that it involves within itself, an idea at variance with its real scientific meaning ; and hence that its literal meaning is understood, instead of the real one, by most persons who see or hear the term.” He also remarks in the same connection :

“The misleading of the term is liable to be of especial disadvantage, in courts of justice where the correct definitions of the learned counsel and of expert witnesses on one side, may fail to enlighten the intelligent jury in opposition to the interpretations of counsel on the other, aided by the evident implicit meaning of the term.”

From what has been said, it is quite apparent that the term, monomania, should now be dropped from the nomenclature of mental diseases. It is not enough that Griesenger, Sankey, Ray, Earl, Tuke, Stearns, Parsons, Channing and a great array of names, should so advise. It should be made the subject of some general authoritative action, which would arrest the attention and exercise a controlling influence, upon the scientific world. As a summary of the views, of so many of our abler minds and the situation, it may be said to-day, that the use of the term should by general and universal consent, be abandoned as misleading and unreliable.

This paper has been prepared to call the attention of the Medico-Legal Society, and of the American Association of Medical Superintendents of Insane Asylums, to the subject. The former has in its membership at the present moment a large number of superintendents of asylums in America, and in its corresponding and honorary list a very large number of the leading alienists of the world. If this proposition should receive the favorable consideration of a carefully selected committee chosen from the ablest alienists of that body, and should receive the endorsement of your association, it might be followed by similar action in the British Medico-Psychological Association, in the Society Medico Psychologique of Paris, the Societies of Psychiatry of Germany, Italy, Russia, Holland, Belgium, and other countries, and "monomania" be hereafter studied historically, as a curious illustration of how the same word meant an entirely different mental state or condition in one country, era, or profession, from that which its derivation signified, and from the meaning universally given it by the lexicographers and the legal profession.

ABORTION.*

BY A MEMBER OF THE MEDICO-LEGAL SOCIETY.

MOTTO,—“All’s not offence that indiscretion finds and dotage terms so.”
—*Shakspeare*.

DEFINITION.

Webster defines Abortion (n.) (Latin, *abortio*, a miscarriage ; usually deduced from *ab* and *orior*).

1. The act of miscarrying or producing young before the natural time, or before the fetus is perfectly formed.

2. The fetus brought forth, before it is perfectly formed.

3. In a figurative sense, any fruit or produce, that does not come to maturity, or anything which fails in its progress before it is matured or perfect, as a design or project.

Abortive in medicine, procuring abortion, as abortive medicine.

Worcester definition is abortion (n.) (and *abortio*).

1. The act of bringing forth what is yet imperfect ; premature delivery ; miscarriage.

2. The product of an untimely birth.

3. A failure in any enterprise.

Abortive (n. 1), that which is born before the due time ; an abortion.

2. (Medical.) Something supposed to produce abortion.

Abortive (a), (1. *abortivous*).

1. Brought forth before due time ; immature ; untimely ; failing.

2. Pertaining to abortion. “Abortive remedies.”

* Read before the International Medico-Legal Congress, June 7, 1889, and the Medico-Legal Society, September, 1889.

Thomas Medical Dictionary defines abortion (Lat. *abortionis*, from *abortior*, *abortus*, to “miscarry.”

The morbid expulsion of an immature foetus, a miscarriage, and the same authority defines abortive (Latin, *abortionis*, from *aborior*, *abortus*, to miscarry), causing abortion. Sometimes applied to treatment adopted for preventing further or complete development of disease.

Quain's Medical Dictionary, under head of “Abortion,” says: “The act of abortion signifies the expulson of the contents of the pregnant uterus, before the seventh month of gestation.”

An abortion is a designation given to a *foetus* prematurely expelled.

Abortion is defined by Storer as “the violent and premature expulsion of the product of conception, independent of its age, visibility, and normal function.”

This definition is intended to apply to criminal abortion, and to relate exclusively to cases where the attempt at premature expulsion of the uterus is artificially and intentionally induced, and when it is not necessitated, and would not otherwise have occurred, and excluding.

1. When it is the result of accident.
2. From natural causes, or
3. Justified by the rules of medicine, to save the mother or the child. (Storer on Criminal Abortions.)

Miscarriage (n.), according to Webster, in the medical sense, is the act of bringing forth before the time, but so late that the young are capable of surviving.

Miscarry (v. i.), in the same sense, by the same authority, is: “To bring forth young before the proper time, but still at so late a period as to be incapable of surviving.”

Worcester thus defines miscarriage (n.) in the medical

sense : The act of bringing forth young before the due time. Abortions (Dungleson): "The expulsion of the foetus from the uterus within six weeks after conception is usually called miscarriage ; if it occurs between six weeks and six months, it is called abortion, and if during any part of the last three months, before the completion of the natural term, premature labor" (Hoblyn); and he also defines miscarry (v. n.) in the same sense : "To bring forth young before the due time, to have an abortion."

Quain's Dictionary of Medicine, in an article under head of "Miscarriage" (Dr. ALEXANDER R. SIMPSON), defines it thus :

"Miscarriage is the interruption of gestation, before the *foetus* has become viable." And the same author uses the word in its medical sense as synonymus with "Abortion" (F. V.) *Avortement* ; *Fausu Conchi* ; Ger., *Fehlgeburt*.

Fœticide, criminal abortion, is thus defined by Worcester (L. Fœtus, a *foetus*, and *caedo*, to kill) (Law), the crime of producing abortion (Bouvier). He defines the Fœtus (Med.) as "The child in the womb after it is perfectly formed, called, in the earlier stages of gestation, the embryo.

Webster defines Fetus (I.) (fetus): The young of viviparous animals in the womb, and of oviparous animals in the egg, after it is perfectly formed, before which time it is called the embryo.

A young animal, then, is called a *fetus* from the time its parts are distinctly formed till its birth.

Thomas' Med. Dict. defines fœticide (Lat. *fœticipidium*, from *fœtus* and *caedo*, to kill). The murder of the foetus in *utero*, criminal abortion.

And foetus is thus defined (foetus or fetus): "The

child in *utero* from the fifth month of pregnancy till birth."

Dungleson thus defines :

Fœtus, gen. fœtus, fetus, cyema, onus ventris sarcina.

The young of any creation, the unborn child (F.) *fetus faix*, fruit. By *κνῆμα* Cyema Hypocrates meant the fecundated but still imperfect germ. It corresponds with the term embryo as now used, while *εμβρυον* *embryo* signified the fœtus at a more advanced stage of utero gestation.

The majority of anatomists apply to the germ, the name *Embryo*, which it retains until the third month of gestation, and with some until the period of quickening, while *Fœtus* is applied to it in its later stages. The terms are, however, often used indiscriminately.

When the ovule has been fecundated in the ovarium it proceeds slowly towards and enters the uterus, with which it becomes ultimately connected by means of the placenta.

When first seen, the fœtus has the form of a gelatinous flake, which some have compared to an ant, a grain of barley, a worm curved upon itself, &c.

The fœtal increment is very rapid in the first, third, fourth and sixth months of its formation, and at the end of nine months it has attained its full dimensions (*Enfante a terme*). Generally there is but one fœtus in utero, sometimes two, rarely three.

The fœtus presents considerable difference in its shape, weight, length, situation in the womb, proportion of its various parts to each other, arrangement and texture of its organs, state of its functions at different periods of gestation, &c. All these differences are important in an obstetrical and medico-legal point of view.

Alfred Swayne Taylor, in his work on Medical Jurisprudence, thus defines abortion in its medical sense :

“By abortion, is commonly understood in medicine, the expulsion of the contents of the uterus before the sixth month of gestation. If the expulsion takes place between the sixth and ninth month, the woman is said to have a premature labor.”

The law makes no distinction of this kind, but the term abortion is applied to the expulsion of the foetus, at any period of pregnancy before the term of gestation is completed ; and in this sense it is synonymous with the popular term “Miscarriage.”

Dungleson thus defines it in its medical sense :

“Abortion, abortus, aborsus, aborsio, dystocia, abortiva, omotocia, paracyesis, abortus, ambloses, ablome, amblosums, ecbole, embryotocia, diaphthora, ectrosis, examblo-na. examblosis ectrosmus, appopalsis, apophthora, pthora, convulsio-uteri, deperdilio, (f) avortment, blesure, miscarriage, (from *ab* and *oriri ortum*, “to rise,” applied to that which has arisen out of season.)

The expulsion of the foetus before the seventh month of utero gestation, or before it is viable.

The causes are referable either to the mother, and particularly to the uterus, or to the foetus and its dependencies.

The causes in the mother may be : Extreme nervous susceptibility, great debility, plethora, faulty conformation, &c., and it is frequently induced immediately by intense mental emotion, violent exercise, &c.

The causes seated in the foetus are its death, rupture of the membranes, &c. It most frequently occurs between the eighth and twelfth weeks of gestation.

The symptoms of abortion are : Uterine hemorrhage, with or without flakes of decidua, with intermitting pain.

When abortion has once taken place, it is extremely apt to recur in subsequent pregnancies about the same period.

Some writers have called abortion, when it occurs prior to three months, effluxion. The treatment must vary according to the constitution of the patient, and the causes giving rise to it. In all cases the horizontal posture and perfect quietude are indispensable.

Abortion is likewise applied to the product of an untimely birth, abortus, aborsus, apoblema, apobole, ecbloma, amblothridion, ectroma, fructus foeticide, fatididium, (foetus and caedere "to kill")—*aborticidium*.

Criminal abortion.

Abortive (f) abortif.

A medicine to which is attributed the property of causing abortion.

There is probably no direct agent of the kind. (See ectrotic.)

ARGUMENT.

Abortion being nowhere forbidden in the Bible, cannot strictly be called an offence against the divine law.

It is not forbidden in the Koran and has been always practiced among Mahomedans.

While not forbidden by the law of Moses, it must be conceded that it was not practiced by the Jews. This we may regard as established :

a. By the fact that the increase of population established beyond doubt its non-existence as a practice among that people.

2. It was not punished as a crime by the law of Moses.

The higher earlier authorities show that the practice of destroying the foetus in utero, obtained universally among all the earlier nations of the world, with perhaps the single exception of the Jews. (Storer on Abortion, 31. Beck Med. Jurisprudence, Vol. 2, p. 389.)

Making abortion a crime has always been the result of statutory enactments or municipal regulations.

It is impossible to give a date for the beginning of the time when abortion was made a crime in England by law.

The Common Law, which is founded on traditions whereof the memory of man runneth not to the contrary, makes it a crime with severe punishments.

Fleta, almost the oldest authority (A. D. 1290), says :

“10. Cui etiam mulierem proegnantem oppresserit, vel venen um dederit vel percusserit ut facial abortivum-vel non concipiat, si foetus erat jam formatus et animatus rectè homicida est.

“11. Et similiter qui dederit vel acceperit venenum sub hac intentione ne fiat generatio vel conceptio.

“12. Item facit homicidium mulier quoe puerum animatum per potationem et hujus modi in ventre devastaverit.”

In English-speaking countries, it has, from earliest written records, been classified as a crime, but has been substantially a dead letter upon the statute books, and rarely enforced.

This has been due, doubtless, to the fact (unpleasant and unpalatable as it may sound, to state it) that it was against the common and almost universal sentiment of womankind ; she who was the greatest sufferer and victim of the social conditions, under which its practice became necessary and inevitable ; she who dreaded more the consequences as affecting her social condition than she feared legal penalties, never in her heart respected the law nor held it binding on her conscience. In considering the subject from the maternal standpoint, we should have the courage and the honesty to

look the issue squarely in the face. And, first in marriage :

Has a woman the right to determine the question whether she will take upon herself the pangs and responsibilities and duties of maternity ?

Has she any rights at all, upon this question, peculiar to her individuality or sex, or does she, by nature or instinct, or under the law, by marriage place herself in the same relation to her husband, that he has over his flocks, his herds or his horses ?

Is it the right of the husband, by the moral law, the Divine law, or by statute law, to dominate the wife, and compel her to bear children, as he would the animal he owned, irrespective of her wish or will, and even over her protest.

If he has not the right to enforce his wishes over hers, what are her rights in the premises, or has she any at all ? May she decide for herself, whether or not she will bear children ?

It does not need any argument to establish a fact well known to every careful student of political economy, to every medical man, in general practice, that the educated, refined, cultured women of this country, in married life, have, by a very large majority, decided these questions in their own favor, and have set at nought and at defiance the statute laws upon this subject, as binding on neither their consciences nor their actions.

Gail Hamilton, in "Woman's Wrongs, a counter irritant," a reply to Rev. John Todd's "Woman's Rights, a plea for a holier living," voices the inner sentiments of the better classes of her educated and cultured countrywomen in the fearless and forcible manner in which she presents her views on this subject.

The extent of the enforced restriction of the popula-

tion thus forced on womankind, is easily demonstrable, and the evidence is quite conclusive. The best tests are :

1. The comparative increase of the population.
2. The published record of still-births.
3. The number of arrests or trial for abortion.
4. The comparative size of families in present and past times, and,
5. The knowledge and experience of physicians and others who are in a position to know facts regarding it, but not accessible to the general public.

A careful writer who made this subject a study twenty years ago, says, in comparing various countries, that the "fecundity of European countries had diminished in the preceding century as follows :

"In Sweden, one-fifth ; in Prussia one-fourth ; in Denmark, one-third ; in England, one-third ; in Russia, one-half ; in Spain, one-half ; in Germany, one-half ; in France, one-half.

(Storer Abortions, p. 19, and authorities there cited.)

His views are corroborated by Rau (*Lerbuch der Politisch-ökonomie*) Quetelet's tables, though for different years corroborates the views of Storer. (*Sur l'homme et le developement de ses facultés*. Tome 1, Chap. 7.)

Legoyt. In May 1847 in *Journal des économistes* published tables to the close of 1846, which showed corroborative results of these views.

A careful examination of the recognized authorities at the period at which Dr. Storer wrote, would entirely justify the conclusions at which he arrived, viz : That

1st. The increase of still and premature births in the ratio of the total increase of births had greatly increased and 2d. That the only rational explanation was that this increase was in a great measure due to abortions.

The statistics of New York gave still stronger evidence in regard to the public sentiment of that city twenty years ago.

The registry of New York commenced in 1805 with a population of 76,170, when the number of still and premature births was 47. In 1849, with a population estimated at 450,000, the number had increased to 1,320, as was shown by the report of the City Inspector for that year.

The table showing that ratio from 1805 to 1849 as given by Dr. Storer, was as follows :

RATIO OF FŒTAL DEATHS TO THE POPULATION :

1805.....1 to.....	1.633 40	1830.....1 to.....	597 60
1810..... “	1.025 24	1835..... “	569 88
1815..... “	986 46	1840..... “	516 02
1820..... “	654 52	1845..... “	384 68
1824..... “	680 68	1849..... “	340 09

Startling as these figures then were, the fact must not be lost sight of that they do not include those cases of abortion which were not reported, and which were known only to the unfortunate mothers and those who aided them.

The report of the city Inspector for 1856 showed that out of 17,755 births, 16,199 were living. proving that one in every 11.4 was born dead.

Let us continue this table from the year 1856 to the present date.

John T. Nagle, M. D., of the Bureau of Vital Statistics, furnishes the writer of this article with the following table and letter in response to an inquiry for light upon this subject for the city of New York :

HEALTH DEPARTMENT OF THE }
CITY OF NEW YORK. }
SANITARY BUREAU, 301 MOTT St. }

NEW YORK, March 17. 1888.

DEAR SIR:—I send you a table of the births and still births and population for the years you desire. The fœtal age of the still born children I can

only give since the year 1866, but as you will perceive that the birth returns are very meagre I do not think the information will be of much value for giving an accurate proportion by years. If you think they will be of any use to you, please let me know and I will do the best I can.

Very truly yours, &c.,
JOHN T. NAGLE.

YEAR.	POPULATION.	BIRTHS.	STILL-BIRTHS.
1860	805,651	12,454	1,638
1865.....	871,340	5,332	?
1870.....	942,292	14,524	2,254 475
1875.....	1,041,886	23,813	2,274 549
1880.....	1,206,299	27,536	2,362
1885.....	*1,397,395	30,030	2,968
1887.....	*1,481,920	34,023	3,100

* Estimated population.

The same high authority furnished still further information as to still births in New York City.

HEALTH DEPARTMENT, }
SANITARY BUREAU, 301 Mott St. }

NEW YORK, April 3, 1888.

DEAR SIR:—I inclose a table of still births from 1870 to the year ending Dec. 31, 1887, which is the best I could do for you. I was unable to give you a satisfactory table of the foetal age of infants prior to this date.

Very truly yours,
JOHN T. NAGLE, M. D.

These statistics show conclusively how universal the practice of abortion must have been in New York, and if similar statistics could be obtained, we should probably show a still greater percentage in the New England States.

As to the number of arrests and trials for this offence, the writer, by the advice of the present District Attorney, Col. John R. Fellows, who has had a long experience, consulted the veteran and intelligent Clerk of the Court of General Session of the City of New York, in response to the following letter:

NEW YORK, March 12th, 1888.

HON. J. A. SPARKS,

Clerk of Court of General Sessions:

MY DEAR SIR:—I will esteem it a great favor if you will furnish me, as soon as you can, with a statement showing the number of arrests, trials and

convictions in this city, of the mother for abortion, and of other than the mother for the procuring of abortion, during the past ten years, or fifteen, if accessible.

If, at the same time, a statement could be made in regard to the crime of infanticide, I should be very glad, but the former I need most. Infanticide where the mother was arrested. Trials and convictions, as well as others as accessories either before or after the fact.

I am referred to you for this information by our mutual friend District Attorney Fellows.

Very faithfully yours,

COURT OF GENERAL SESSIONS OF THE PEACE.

CLERK'S OFFICE.

NEW YORK, March 17th, 1888,

DEAR SIR:—Yours of 10th instant (enclosing note of the District Attorney) was duly received, making inquiries as to the number of cases for abortion for fifteen years past. Upon examining the records of said Court, I find that during that period, ten persons were convicted and one person acquitted on indictments for said offense.

The other inquiries you make I have no means of informing you.

Yours truly,

J. A. SPARKS,

Clerk of Court.

We may safely say that the result of the enforcement of the laws for the past fifteen years has not brought to light as many as one case a year, and that the existing statutes are substantially a dead letter, and do not at all meet the exigencies. The laws are in violation of the universal sentiment of woman, though no one has, apparently, dared to say so, and all that is said has been said by man in support of existing statutes; and so far as action has been taken, it is all in the line of increasing the severity of the laws, and adding to the penalties, without the slightest perceptible or probable effect upon women, either in preventing the practice, or diminishing its frequency in the slightest degree.

As to the comparative size of families of to-day, and of even the past generation, in what are called our better classes, taking the educated, cultured, wealthy and

highly respected, we may say that the size of families in New York and New England, show a marked decrease within the past thirty or forty years.

It does not need statistics to prove what every intelligent person of our period knows and recognizes at a glance.

The experience of physicians it is impossible to quote as a matter of public record for two reasons:

1. A physician is precluded by his professional obligations from telling what he knows to be the truth, as to this matter, in detail to the general public.

3. He, if a party to the abortion, is, of course, bound in regard to his own safety, not to reveal it, aside from his professional obligation to his patient. It is not possible that this general practice has gone on without the aid of physicians, not to say their knowledge, and it is quite safe to allege, what every person of intelligence knows, that there is probably no physician of experience in New York or New England, who does not know, by reason of facts coming within his professional observation, of the existence of or the causes that are shown by these vital statistics, of the universal prevalence of abortion among the better classes of married women.

Another class of persons who know, but who cannot testify are the husbands and heads of families, who largely know of the occurrences, in which they are either willing or unwilling actors and participants, but who cannot speak for fear of the consequences of the law, and of the exposure and scandal which is more considered and dreaded than the law, which is not enforced.

The question for us to consider is, what is the duty of the citizen in the matter?

Writers, of which Dr. Storer, in his work, is an example, have very generally denounced the practice as a

horrible and detestable crime. The medical professions, as such, in all public or private utterances, with singular unanimity, condemn it, and none more loudly than those who, as family physicians, have been many times compelled, by the exigencies of their own practice, to aid the unfortunate mothers, who have attempted it, or had partially succeeded in doing so, before their family physician was called in.

The question is worthy the consideration of the body I address.

1. What are woman's rights in this matter?

2. Why keep laws on our statute books which are against the public sense of womankind, and

3. Why not have the courage to meet the issue fairly, and abolish all our laws upon the subject, as did the laws of Moses, and leave the question to the moral sense and training of our women, as the Jews were left, remembering that where there was no law, there was no transgression. And this was the country and the race, who did not practice it at all; and in our own country, where the most stringent and almost cruel laws are enacted, it is almost universally practiced.

ABORTION IN ITS CRIMINAL ASPECTS FOR THE UNMARRIED.

We have considered this offense by the married woman, who, so far as our knowledge and experience go, has hitherto escaped, and has never yet been punished for its commission.

Probably seventy-five or ninety per cent. of the abortions of our civilization, are committed by the married women of the nation.

Who has ever yet heard of a married woman being convicted of this offence, in the whole catalogue of convictions, small as they are? Nor do we regard this as

peculiar to the women of America. It is a question of cultured womankind everywhere, and it is the ignorant, not the refined, the cultured and the educated, who do not, as a rule, practice it.

What shall we say of the unmarried woman of previous good character, who has presented to her the terrible alternative of maternity out of wedlock (regarded and punished by our civilization, by a social degradation ten-fold worse than death), and the destruction of foetus in utero in violation of law?

Let us have no shams, no falsehoods towards ourselves, no cant, no hypocrisy.

Is there one lawyer with human blood in his veins, who would condemn the fair young daughter of his best friend, for the salvation of her honor by this means, if no other alternative presented?

Is there one, who in his own heart, would for a moment hesitate, were it his own daughter, to urge her to choose what the statute calls a crime rather than face the scorn of the world, unceasingly and forever?

Is there one man in the world, who, if he were in her place, and he could not avoid the alternative in any other, would hesitate to do what the woman of self-respect, of brain, of family, and of ambition must needs do, or be irretrievably disgraced?

Is there a physician, who has ever been a father, whose heart would be against such a woman's act to thus save herself from degradation, despair, death?

How many a poor, despairing girl, the victim of treachery and deceit, has thus faced death by the river or poison, and ended by suicide a life she did not know how to save, except by this means, whose modesty and shame have prevented her from seeking that aid from

medical men, which the law now makes it a crime in them to grant?

We do not hesitate to say, that either our civilization should exempt the unmarried woman from degradation or social harm in this terrible emergency, or our statute book should exempt her from the force of the pending statutes, if the shams of our social structure demand their further continuance as laws.

Over the portals of those asylums that shelter and protect the unmarried woman in this dire moment of supreme distress, that conceal her secret, throw the mantle of secrecy and forgetfulness over her fault, and enable her to bear the burdens of maternity without shame, should be written in effaceable letters, "Blessed are the merciful;" for they put back a little of the flood of human misery to the stricken ones, who are without refuge, or hope, and are the suffering victims of despair.

THE MALTHUSIANS.

We do not care to enter into the ethics of the question of the general laws of human reproduction. We need not advance the arguments of the Malthusian philosophers as to the ethics of the controversy, or dwell upon it in its relation to the social economy of the race.

The Hindoos do not hesitate to kill children who come too rapidly, flooding the legitimate channels of reproduction, and when these streams overflow their natural banks, or are swollen beyond their usual channels.

The Chinese sailors are forbidden to rescue their fellows who fall overboard at sea, this being in a country so crowded with human beings that there is scarcely standing room for the population; measured by its food-producing capacity. There can be little doubt, that in the present state of our knowledge as to the embryo,

that life in the human being commences at a very early date indeed, and that the arrest of foetal development involves much the same ethical questions at two weeks as it does later, so far as the suppression or extinction of a human organization is concerned.

What is called quickening in the law is simply such a state of the foetal growth or life as is capable of a given muscular phenomena at that period.

The human entity is there before as certainly as after quickening, this being only a manifestation of a certain period of foetal activity.

Those who differed from that philanthropic clergyman, Malthus, never attempted successfully to dispute his facts, or question the basis of his argument founded upon probably indisputable natural laws of population, as affecting the structure of human society. The ratio of increase of human population when unchecked, according to this authority, is by arithmetical progression, 1, 2, 4, 8, 16, 32; while the natural increase of food production, under the most favorable conditions, is only that of 1, 2, 3, 4, 5, 6, 7, 8. The limitations thus placed on the increase of population by a higher law than human legislation, regulates itself within these limits to the salvation and good of the race.

We need not follow nor accept his philosophy, as to what are the legitimate or illegitimate checks by which the overcrowding of the race is averted, through entirely natural and constantly recurring outlets, always working in all ages and among all peoples.

We need not, as men of science, avert our eyes from what we all know and recognize, what has ever been, and must needs ever be. Nor should we add to the list of human crimes those methods of prevention, which the history of the race shows, it has been impossible to avoid or to cure.

Has the Medico-Legal Society the courage and the manliness to speak one strong word for woman and womanhood, on such an issue ?

Is there a member who does not know what a hollow, shallow, mocking lie underlies the very base of the laws regarding abortion ?

Must we all be frauds and shams to the outer world, and uphold a statute that our wives and mothers and daughters do not either respect, keep or intend so to do?

We have a law against profane swearing in our statute books. Is it ever enforced ? It is a dead letter.

We have one against what is called blasphemy. Is it enforced ? Yes; it was once in our day in the neighboring State of New Jersey, as our gifted Colonel Ingersoll could testify, but the single example in a generation or a decade only shows the more forcibly that this is also a dead letter.

Shall we repeal them ? What harm do they do ? is the cry, and we do not stir in such cases.

The difference in the case we now consider is, however, that we all go into a sort of public phrenzy when we speak of abortion.

The respectable physician in the social circle calls for a basin of water, and washes his hands with almost holy horror at the very idea of its practice.

The judge on the bench would, doubtless, imitate the Doctor if he ever had the opportunity, with the chief offenders of his own social set when convicted before him, which he never does, and each knows it is a lie and a sham.

Out upon either the social monstrosity or the statute. Let us take our choice as free untrammelled men of science without fear of popular clamor, and let our only fear be that of violence to truth, to right, and to conscience.

MEDICAL EXPERTISM CONSIDERED FROM ITS LEGAL AND MEDICAL STANDPOINTS.

BY T. GOLD FROST.

From the days of the old English ordeal and wager of battle, down to the age of the modern expert witness, is a great step; for within this period occurred most of the changes and events, which have made the good old common law what it is to-day. Without attempting any sketch of the development of those rules of evidence which are so familiar to the lawyers of this enlightened generation, let us turn immediately to the consideration of that branch of the law of evidence, which relates to what are technically termed "experts." Mr. Bouvier (in Vol. I of his Law Dictionary) has defined the word "experts" as meaning "persons selected by the Court or parties in a cause on account of their knowledge or skill, to examine, estimate and ascertain things, and make a report of their opinion."

The testimony of the expert should further embrace, not only his stated opinion, but also the train of reasoning which has led him to form such an opinion (Greenleaf on evidence, § 440 M.). But it is not with experts in general, but with the "*medical expert*," that we are called upon to deal. The term "medical expert" may be defined as meaning, one who, by reason of knowledge, skill or experience in the science of medicine, is considered by law to be a proper exponent of questions relating thereto. Before entering into a systematic discussion of the subject, it seems fitting to notice briefly the

* Read before the Congress of Medical Jurisprudence, Jan., 1889.

many attacks—some of them most bitter and uncalled-for—which have been made upon the whole system of expert testimony in general, and upon medical expertism in particular, by members of the legal profession, text-book writers and others. Indeed, to the unprofessional mind, so many and severe have been the criticisms which have been passed upon expert testimony, that it is difficult for them to understand “why a system, which would seem to be regarded as rather pernicious than beneficial, should be even tolerated by the law” (Bell on Expert Testimony, p. 7). Mr. Taylor, in his work on Evidence (Vol. I., p. 74), says: “Perhaps the testimony which least deserves credit with a jury, is that of skilled witnesses; and the United States Supreme Court, in *McCormick vs. Talcott* (20 Howard, 402), characterizes them as “reveries” and “as often skillful and effective in producing obscurity and error; as in elucidation of truth.” If expert testimony in general has fared badly at the hands of certain members of the legal profession, medical expertism has fared even worse. For example, let us give but a single instance. Judge Davis, of the Supreme Court of Maine, in delivering the opinion in *Neal's case* (See 1 Red. Wills, 101) said: “If there is any kind of testimony that is not only of no value, but even worse than that, it is, in my judgment, that of medical experts. They may be able to state the diagnosis of a disease more learnedly, but upon the question, whether it had at a given time reached such a stage, that the subject of it was incapable of making a contract, or irresponsible for his act, the opinion of his neighbors, if men of good common sense, would be worth more than that of all the medical experts in the country (See also opinion of Judge Woodruff, in *Gay vs. Ins. Co.*, 9 Blatch., 142). But

notwithstanding all this adverse criticism, the system stands to-day, recognized by the courts both of this country, and of England, and strongly favored by the great body of the profession in both countries. That the system, notwithstanding its manifest faults and imperfections, is well worthy of the favor and support of all persons who earnestly desire to see justice done and truth promoted, in the highest degree possible, in each and every case, will be the object and aim of this paper. To develop the subject systematically and intelligibly, it will first be considered from its legal, and secondly, from its medical stand point.

I. MEDICAL EXPERTISM CONSIDERED FROM A LEGAL STANDPOINT.

The custom of permitting the evidence of medical experts to be introduced in the trial of certain causes, is by no means a new one peculiar to this century; for as far back as the days of the German Emperor Charles V., it was distinctly recognized, and even incorporated into the "Caroline Diet," adopted at Ratisbon in 1532 (Elwell Malp. and Med. Ev., 285). In English law it appears to have been recognized first as a necessary adjunct to the execution of the writ *de lunatico inquirendo*, and since the close of the eighteenth century, the province of the medical expert has greatly widened and enlarged. As a necessary incident to this, there must have been an increased demand for the services of medical experts, and this brings us to the inquiry as to what is the necessity—the *raison d' être*—of having expert testimony in the trial of various causes at the present day.

The answer to this is very briefly as follows:

The questions of fact which come up daily before our

courts for adjudication, are constantly becoming more technical and intricate as time passes on: as a consequence of this, the assistance of those whose thorough education and training are competent to explain and unravel these difficult questions, have virtually become a matter of necessity. To be more specific, as regards the necessity of having medical expert testimony, the following might be stated: The opinions of medical men are constantly needed during the course of a trial to show the cause of disease or of death, or the consequence of wounds and injuries; also to determine the question of sanity or insanity, to examine the insured, in life insurance policies about which a suit has arisen after death, and many other matters, as to which a knowledge of the laws and practice of medicine is requisite.

Considering now the subject in its strictly legal aspect, let us inquire first as to the *qualifications* of the "medical expert," and secondly, as to what must be the *nature* of the subject matter of the inquiry in order that his testimony may be admitted. Generally speaking, his qualifications should be as follows:

First, inasmuch as his ability and skill in the science of medicine is the ground on which his testimony is sought to be introduced, he must establish fully, and in a manner satisfactory to the Court, that he is possessed of special knowledge of this science. It is not necessary, however, that he should have ever actually *practiced* his profession, or that he should belong to any particular school of medicine (see Greenleaf on Evidence, § 440; 1 Wharton Ev., § 441). It might also be said that, other things being equal, the value of his testimony will depend mainly upon whether his claims to proficiency in his profession are well founded or not.

Again, he ought, in order to merit the title of an expert, be abundantly able to understand, apply and explain the rules and practices of the particular department of his profession, in which his testimony is required. As to the degree of skill which the expert should possess in order to testify, it is impossible to lay down any definite rule; it is always left to the Court to decide as to his competency, and judges, both in this country and in England, have been very liberal in the matter (Del. and Ches. S. T. Co. vs. Starrs, 69 Pa., 36; State vs. Ward, 39 Vt., 255; Taylor on Ev., 63). Indeed, it seems to be sufficient if the expert but possesses the average ability of members of his profession (Hall vs. Costello, 48 N. H., 176; Tuller vs. Kidd, 12 Ala. N. S., 648). Finally, as a broad general proposition, if it can be established that the proposed witness has been educated for or practiced the medical profession during such a reasonable time as would be sufficient for one of common intelligence to become familiar therewith; it will enable him to testify as an expert. In regard to the qualifications of medical experts, when the question of sanity or insanity is made a leading issue, it should be said that they differ somewhat from the qualifications ordinarily required, when medical testimony is introduced. Thus it has been said that "forensic psychological medicine is a specialty, and an expert in this specialty must be skilled in three departments of science. 1st, law, sufficient to determine what is the 'responsibility,' which is to be the object of the contested capacity; 2d, psychology, so as to be able to speak analytically, as to the properties of the human mind; 3d, medicine so far as concerns the treatment of the insane, so as to speak inductively on the same subject. If either of these factors is wanting, a witness cannot be tech-

nically called an expert" (1 Wharton & Stille, Med. Jur., 275).

We now come to our second inquiry as to what must be the *nature* of the subject matter of the inquiry in order that the testimony of experts, as such, should be received. In answer to this, it may be stated briefly, that whenever this subject matter is of such a character that inexperienced persons are unlikely to prove capable of forming a correct judgment upon it without assistance, then the opinion of witnesses possessing the necessary skill is admissible (3 Douglas, 157; Rex vs. Searle, 2 M. & W., 75). As a corollary to this; it might be stated, that expert testimony cannot be introduced when the inquiry concerns a subject matter, the nature of which is not such as to require any peculiar habits or study, in order to be able to testify intelligently about it. Let us now consider somewhat at length the *functions* of an expert, together with the rules which relate expressly to the production of expert testimony. In the first place, it should be remarked, that the true function of the expert witness is not "to substitute opinion for fact, but to offer reasonable and well-grounded opinions as a basis of consideration, where facts themselves are from the nature of the case inapplicable and insufficient (Bell on Expert Testimony, p. 24). In short, the expert simply presents the *data*, the competency and relevancy of which the Court is to judge, and upon which the Court is to declare the law (Whart. & Stille, Med. Jur., § 280). In the case of Gay vs. Union Mutual Life Ins. Co. (9 Blatch., 142), the relative degrees of importance of the expert's testimony is laid down as follows. First. where he states precise and well-settled scientific facts, or necessary conclusions therefrom, in which case his opinion is entitled to great weight; sec-

ond, where he gives only probable inferences from the facts stated, where his opinion is of less importance; and third, where the opinion being speculative and admitting of another opinion consistent with the facts, is entitled to but little weight.

In entering upon a brief survey of the "law of expert testimony," the question which first comes up naturally relates to the mode of securing the attendance of the expert witness at the trial. In his capacity as an expert, he cannot, like other witnesses be subpoenaed to attend the trial, but must receive and is entitled to special fees (Wharton on Evidence, § 380). In regard to the examination of an expert witness, much might be said, but the following leading principles must suffice. He cannot be examined as to matters of common knowledge, and as to whether certain matter, belong to an expert, is a question for the Court to decide (Wharton on Ev., §§ 436, 437). The proper method to adopt in examining an expert witness, is to ask him certain hypothetical questions, based upon such a state of facts as are deemed by counsel to be warranted by the evidence, and if the jury find the assumed state of facts to be proven, the opinions of the expert are then admissible (Opinion of Judge Story, in *U. S. vs. McGlue*, 1 Curtis, 9).

Experts cannot be asked to give their opinions in any case upon controverted questions of fact (Wharton on Ev. § 32). Another important principle, and one which is very commonly applied, is that experts cannot state their views on matters of moral or legal obligation (*Campbell vs. Rickards*, 5 B. & A., 846).

Thus, for example, the opinion of certain physicians, as to whether a certain member of their profession had honorably done his duty to his medical brethren, was rejected on the ground that the jury was as capable of

forming an opinion in the matter, as the witnesses themselves. Again, expert witnesses may refresh their memory by reference to professional treatises, relating to the subject, in regard to which they are called upon to testify. Such works may be mentioned as a ground for the opinions advanced, but they are not allowed as evidence in the case (Wharton on Ev., § 438, *et seq*).

On account of the broad range of subjects, it is practically impossible to limit the exercise of the expert's functions, to a particular brand of medicine. Thus a physician, not an oculist, has been permitted to testify as to injuries of the eye; physicians, not veterinary surgeons, as to diseases of mules; and other persons, not surgeons of any kind, as to diseases of animals; a physician, not making insanity a specialty, as to whether a person he visits is insane; a witness, not a chemist, as to whether certain stains are apparently blood" (1 Wharton Ev., § 439). Finally, it sometimes happens that the testimony of both experts and non-experts are introduced at the same trial, in support of the same point at issue. In such a case, the distinction between them is, as has been well said, *quantitative*, and not *qualitative* (People vs. Fernandez, 35 N. Y., 49). As has been already noted, the Court has a very large discretion and power given it, in respect both to the *admission* of expert witnesses, and as to the competency of their testimony; but this is not the only power which is given to it, in order to guard against the evils which sometimes are incident to the admission of expert testimony. As was stated by Judge Doe, in State vs. Pike (49 N. H., 399), at common law, "the judge may give the jury his opinion of the weight of any part, or the whole of the evidence, with the limitation, that he is not to give the opinion as imperative upon them, or as infringing upon their province as judges of the facts."

II. MEDICAL EXPERTISM CONSIDERED FROM A MEDICAL STANDPOINT.

On the medical side of this question, there arise many objections to the present crude use of medical testimony, and the methods of evolving it. The widely differing modes of thought that prevail in the two professions—in the one, the decision of cases rests upon the great principles and maxims; while in the other, the minute facts develop a groundwork upon which to build up great truths. The position of the seeker for scientific truth, as contrasted with that of the advocate, acting as a skillful advocate, is one of antagonism. The expectation on the part of counsel, that the medical expert will testify in his favor, is in itself a bar to the procurement of unbiassed opinions. As it is the duty of the learned counsel to protect the interest of his client, so it is the duty of the medical expert to preserve, the secrets of his patients under the closest cross-examination, in so far as it is not antagonistic to the law of the land, and the principles of public policy. The medical expert should ever base his opinions on scientific facts, but should always avoid speculation. To avoid absurdities and glaring untruths, the cross-examination should be most thorough, and the prior history of the patient, concerning whom their testimony is needed, should be well understood. To show the necessity of this, it might be remarked that experts have been placed on the witness-stand to testify “that no sane person commits suicide, and that all suicides are insane; that all men are more or less insane; that certain propensities or faculties can become irresistible by themselves, and when insane, are irresistible; that very bad people, and especially old con-

victs, are insane, and that certain signs which the great body of the profession regard as indifferent, are sure marks of insanity." In short, as Cicero, in his "*De Divinatione*," has said, *Nihil tam absurde dici potest, quod non dictum ab aliquo philosophorum* (See 1 Wharton and S. Med. Jur., § 271). The position of a medical man in a case of insanity is a peculiarly difficult one, for here he must bring to bear all his scholastic as well as his experimental knowledge, and then, without prejudice or bias, present them to the Court. Society at large has a deep interest in this matter of proving the sanity or insanity of certain persons, especially when such an issue is pleaded in a criminal trial; and it certainly has a right to demand that the medical expert should testify in such a case, only after the most thorough and exhaustive examination of the case. Were this always faithfully and honestly done, there would be fewer instances of so-called insane criminals, who after a short period of treatment, are dismissed from the institutions, in which they have been placed, as cured. Again, it has sometimes happened that through the evil designing of interested parties, and the connivance, or possibly, ignorance, of expert witnesses, men of perfectly sound minds have been sent to an insane asylum. Experience has shown that even in the most absurd cases, experts (?) may be found to testify as to the insanity of a party. As a matter of course, in some cases, it is really a difficult matter to determine this question, as was but a few years ago so well shown in the trial of Chas G. Guiteau for the murder of President Garfield. From what has already been said, it will readily be acknowledged that the necessary qualifications of a medical expert are many and not few. To attempt to state

all these qualifications would be but to end in failure. Without, then, attempting any exhaustive statement, the following general principles may be laid down. The medical expert must be ready to produce the latest experimental investigations in the special branch of his profession to which he is called as a witness. His statements of the facts upon which his opinion is based, as well as the course of reasoning which has led him to reach such a conclusion, must be clearly and accurately stated. His knowledge of the anatomical relations, and the physiological laws, should be broad and accurate. The true expert should be fully acquainted with the effect of various medicines upon the human system, should understand thoroughly the ordinary course of disease, should be a good chemist—both theoretically and experimentally—and finally, should have had, in order to add *moral* effect to his testimony, both with the Court and jury, a somewhat extensive and successful practice. In regard to this last remark, it should be said that while the law does not require an expert to have ever practiced his profession, still, it is perfectly evident that the testimony of some great and noted general practitioner or specialist, would weigh far more heavily with a jury, than that of one whose knowledge was purely theoretical, and which had never been put to the severe test of being put in practice. Indeed, cases very often hinge on the question as to which side in a case, has offered the ablest expert testimony.

This closes our consideration of the subject from a medical standpoint; and, in conclusion, a few words will be added in respect to the subject of medical expertism in general. In the first place, it may be well to call attention to the abuses and dangers of expert testimony.

Admitting that it is susceptible of abuse, and open to many dangers, let us ask ourselves the question: Does the law not provide some means whereby this can be entirely avoided, or at least, greatly mitigated? In answer to this inquiry, it may be said, that expert witnesses are liable, just the same as ordinary witnesses, to be prosecuted for perjury, if they testify falsely, even as to their belief (2 Taylor Ev., 1227). But the weak point in the whole matter is, that it is practically impossible to *prove* that the testimony, which they may have given, is not in accordance with their belief. One of the great dangers of medical expert testimony is, that very few lawyers have the requisite knowledge or skill necessary to detect false statements, or to bring out all the facts, by proper and searching questioning of the expert witnesses. Another danger which has been pointed out as incident to the introduction of medical expert testimony, is the attempt which is so often made "to expand and pervert the functions of an expert, from the exposition of scientific and technical rules of practice, to the statement or discussion of questions of moral or municipal law." Again, experts are permitted to testify, who are clearly biased or prejudiced; in such cases, if the right to recover a verdict, or the decision of a case, depends entirely on the opinion of such experts, then their testimony should be thrown out (Schultz vs. U. S., 2 Nult. and Hurts, 380). With this, our consideration of the question of medical expertism must close. What has already been said is sufficient to show that while many evils have, as a matter of course, crept into the system, still the good points are far in excess of the bad ones. And it may be confidently asserted, that the well-established practice "of the expert witness

informing the Court or jury, and the Court and counsel maintaining the proper line of demarcation between the law and the facts," will continue to prevail for many years to come.

ELECTRICITY AND THE DEATH PENALTY.

By CLARK BELL, ESQ.,

President of the Medico-Legal Society of New York.

THERE has been for more than a quarter of a century in this State a prejudice against the scaffold and the hangman.

Those who have yielded to the stern exactions of the law, which demands "a life for a life," have felt an almost insurmountable repugnance to the rope.

The bungling of sheriffs' assistants, the negligent or ignorant adjusment of the noose, have often caused such revolting scenes at public executions as to fill beholders with horror; and add to that ever increasing number, now close to a majority, who demand the entire abolition of the death penalty as a punishment for crime.

The removal of the scaffold as a factor in the civilization of our century has engaged the attention of the Medico-Legal Society for many years.

The first introduction of the subject before that body was the paper of the eminent French scientist Ambrose Tardieu, entitled "Diagnosis of Hanging" (Medico-Legal Papers, Series 3, p. 40).

The late Dr. Alonzo Calkins read a paper before that Society, in September, 1873, entitled "Felonious Homicide; its Penalty, and the Execution Thereof Judicially," advocating the abolition of death by hanging, and discussing various methods as desirable substitutes (Medico-Legal Papers, Series 3, p. 250).

The discussion was renewed before the Society by Prof. J. H. Packard, of Philadelphia, who strongly urged the abolition of the hangman's rope and recommended as the most desirable substitute, death by inhalation of sulphuric oxide gas (Medico-Legal Papers, Series 3, p. 521).

The whole subject was again brought before the Medico-Legal Society in February, 1888, by Dr. J. Mount Bleyer, in a paper entitled "Best Methods of Capital Punishment" (*Medico-Legal Journal*, Vol V., p. 424).

The Legislature of the State, upon the recommendation of Governor Hill, in his messages of 1885 and 1886, named a commission to examine the subject and report their conclusions, composed of Hon. Elbridge T. Gerry, a member of the Medico-Legal Society; Mathew Hale, Esq., of the Albany bar; and Dr. Alfred P. Southwick, of Buffalo.

On January 17th, 1888, this Committee submitted their report to the Legislature of New York. It is a very exhaustive and elaborate document, too long for insertion here. It gives the history of human punishments for crimes in earliest times and in all countries.

It enumerates and describes thirty-four different methods in which the death penalty has been hitherto inflicted.

The guillotine is in vogue in nineteen civilized countries; the sword in nineteen; the gallows in three; the ax in one; the cord in one, while executions are public in twenty-nine countries and private in seven.

The Committee claim and enumerate the following, as facts demonstrated by their inquiry:

1. That the effort to diminish the increase of crime by the indiscriminate application of capital punishment to various offences involving different grades of moral turpitude, or, in other words, by enlarging the number of capital offences, has proved a failure.

2. That any undue or peculiar severity in the mode of inflicting the death penalty, neither operates to lessen the occurrence of the offence nor to produce a deterrent effect.

3. That from the long catalogue of various methods of punishment adopted by various nations at different times, only five are now practically resorted to by the civilized world. These five are: 1, The guillotine; 2, The garrote; 3, Shooting; 4, The sword; 5, The gallows.

In recommending a change from the present barbarous and inhuman system of hanging, four substitutes are considered: 1, Electricity; 2, Prussic Acid or other poison; 3, Guillotine; 4, Garrote.

This Committee do not seem to have considered the proposal made by Prof. Packard, of a painless death by inhaling sulphuric oxide gas in a small room in each jail, nor the lethal chamber suggested by Dr. B. Ward Richardson, of London; and they discard the use of the hypodermic injection of prussic acid or other deadly poison, as "hardly advisable because against the almost universal protest of the medical profession."

Their conclusions, after a careful, thorough, very able and exhaustive examination of the whole subject are as follows:

1. That death produced by a sufficiently powerful electric current is the most rapid and humane produced by any agent at our command.

2. That resuscitation after the passage of such a current through the body and functional centers of the brain is impossible.

3. That the apparatus to be used should be managed to permit the current to pass through the centers of function and intelligence in the brain.

The commission suggested other considerations of great public interest, which may be stated as propositions:

- (1). That the State, by the present universal sentiment of mankind, can only justify itself in taking human life as a punishment for violation of laws; inflicting the death penalty, where necessary, for the safety of society and to deter others from the commission of crime.

- (2.) That the State has not the right to torture the criminal, nor to inflict any punishment whatever in any vindictive spirit or by way of retaliation for the crime.

The committee submitted a draft of a bill and recommend:

- (a) That executions should be private.

(b.) That the details of the execution should not be furnished to the public press; and,

(c.) That the bodies should be delivered to medical schools for dissection in aid of science, or be buried in the prison yard.

The idea for punishment for crime has colored all human laws.

Such legislation has been called *punitive* for centuries.

These statutes are denominated *penal* in all the codes.

It is a little more than half a century since hanging was the penalty in England for more than one hundred statutory offences, many of which are now regarded as trivial.

Nearly all of these are abolished; but we still call the measure of punishment *penalties*, and we even say "the death penalty" when we discuss it, and use the term "*capital punishment*" for judicial killing.

The report of the Legislative Commission, considered in its broadest and ablest aspect, outside the abolition of hanging and substituting the electric current, lies in claiming that the universal public judgment and opinion of mankind should be recognized by the law-making power, declaring:

That the penalty for the violations of the law in what are called "capital cases" should not hereafter be regarded or treated as punitory.

That the State does not claim the right of inflicting any punishment upon the homicide in a vindictive or retaliatory sense, or in any degree or view as "punitory" or compensatory for the act committed.

That beyond the protection of society, the rights of men and what is called the "deterrent effect" of human punishment, the State has neither the right nor wish to go.

The Medico-Legal Society, by a committee appointed February, 1888, duly considered the whole subject, and the report of that committee was made to the body at the

March meeting, 1888, unanimously adopted by the Society, and transmitted to the Legislature. The report was prepared by myself and met the approval of the entire committee and was as follows:

REPORT OF THE COMMITTEE ON BEST METHODS OF EXECUTING CRIMINALS.

To the Medico-Legal Society.

The Committee to whom was referred the subject of The Best Method of Executing the Death Penalty, respectfully report:

That in the consideration of this subject they have considered the several papers read before the Medico-Legal Society by Ambrose Tardieu; Dr. Alonzo Calkins; Prof. J. H. Packard, of Philadelphia; Dr. J. Mount Bleyer; and the report of Hon. Elbridge T. Gerry; Alfred P. Southwick, M. D., and Mathew Hale, Esq., Commissioners, made to the Legislature on January 17, 1888, which were, by action of this Society, laid before this Committee at the February meeting.

Your Committee are of the opinion that the Commissioners are entitled to the thanks of the Legislature and the public, for the able and exhaustive labor they have bestowed upon the subject. Your Committee are of the opinion:

1. That the reduction in number by legislation among civilized States, of what are designated as capital offences, is in accord with enlightened civilization, and that its practical result has been the diminution, rather than the increase of crime.

- 2 That it should be legally established by legislative enactments, that the State, in fixing penalties for crimes, has no right to inflict a vindictive punishment upon a criminal, in any spirit of vengeance or retaliation. That the object and justification of punishment should be to deter others from the commission of crime.

3. That the provisions of our Constitution "that cruel and unusual punishments shall not be inflicted" should be enforced by appropriate legislation, and all existing statutes repugnant to either its letter or spirit be repealed.

4. That hanging should be abolished as cruel and contrary to the public sense of our civilization.

5. That as a substitute for the present death penalty we would recommend:

- (1.) Death by the electric current, or—

- (2.) Death by hypodermic or other injection of poison, or—

- (3.) Death by carbonic oxide gas injected into a small room in each jail, as recommended by Prof. John H. Packard (Med.-Leg. Papers, Vol. III., p. 521), giving our preference to the first, or death by electric current.

6. That in our judgment executions should be private and not public.

7. That if it were possible to prevent the publication of details of executions in the public press, it would be a public good.

8. That the bodies of criminals should be delivered to the medical schools, after execution, for dissection.

Your Committee do not pass upon the question of the propriety of inflicting capital punishment by the State, against which there is strong objection in the popular mind.

The report is intended to be limited to the subjects embraced in the report now before the Legislature of the State and the papers read before this Society.

R. OGDEN DOREMUS,
CLARK BELL,
J. MOUNT BLEYER, M. D.,
CHAS. F. STILLMAN, M. D.,
FRANK H. INGRAM, M. D.,
Committee.

The Legislature of New York passed the following law, which received the approval of Governor Hill:

LAWS OF NEW YORK.—By Authority.

[Every law, unless a different time shall be prescribed therein, shall commence and take effect throughout the State, on and not before the twentieth day after the day of its final passage, as certified by the Secretary of State. Sec. 12, title 4, chap. 7, part 1, Revised Statutes.]

CHAP. 489.

AN ACT to amend sections four hundred and ninety-one, four hundred and nine-two, five hundred and three, five hundred and four, five hundred and five, five hundred and six, five hundred and seven, five hundred and eight and five hundred and nine of the Code of Criminal Procedure, relative to the infliction of the death penalty, and to provide means for the infliction of such penalty.

Approved by the Governor June 4, 1888. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. Section four hundred and ninety-one of the Code of Criminal Procedure of the State of New York is hereby amended so as to read as follows:

§ 491. When a defendant is sentenced to the punishment of death, the judge or judges holding the court at which the conviction takes place, or a majority of them, of whom the judge presiding must be one, must make out, sign and deliver to the sheriff of the county, a warrant stating the conviction and sentence and appointing the week within which sentence must be executed. Said warrant must be directed to the Agent and Warden of the State prison of this State designated by law as the place of confinement for convicts sentenced

to imprisonment in a State prison in the judicial district wherein such conviction has taken place, commanding such Agent and Warden to do execution of the sentence upon some day within the week thus appointed. Within ten days after the issuing of such warrant, the said sheriff must deliver the defendant, together with the warrant, to the Agent and Warden of the State prison therein named. From the time of said delivery to the said Agent and Warden until the infliction of the punishment of death upon him, unless he shall be lawfully discharged from such imprisonment, the defendant shall be kept in solitary confinement at said State prison, and no person shall be allowed access to him without an order of the court, except the officers of the prison, his counsel, his physician, a priest or minister of religion, if he shall desire one, and the members of his family.

§ 2. Section four hundred and ninety-two of said Code of Criminal Procedure is hereby amended so as to read as follows:

§ 492. The week so appointed must begin not less than four weeks and not more than eight weeks after the sentence. The time of the execution within said week shall be left to the discretion of the Agent and Warden to whom the Warrant is directed; but no previous announcement of the day or hour of the execution shall be made, except to the persons who shall be invited or permitted to be present at said execution as hereinafter provided.

§ 3. Section five hundred and three of said Code of Criminal Procedure is hereby amended to read as follows:

§ 503. Whenever, for any reason other than insanity or pregnancy, a defendant sentenced to the punishment of death has not been executed pursuant to the sentence, at the time specified thereby, and the sentence or judgment inflicting the punishment stands in full force, the Court of Appeals or a judge thereof or the Supreme Court or a justice thereof, upon application by the Attorney-General or of the district attorney of the county where the conviction was had, must make an order directed to the Agent and Warden or other officer in whose custody said defendant may be, commanding him to bring the convict before the Court of Appeals or a general term of the Supreme Court in the department, or a term of the Court of Oyer and Terminer in the county where the conviction was had. If the defendant be at large, a warrant may be issued by the Court of Appeals or a judge thereof, or by the Supreme Court or a justice thereof, directing any sheriff or other officer, to bring the defendant before the Court of Appeals or the Supreme Court at a general term thereof, or before a term of the Court of Oyer and Terminer in that county.

§ 4. Section five hundred and four of said Code of Criminal Procedure is hereby amended so as to read as follows:

§ 504. Upon the defendant being brought before the court, it must inquire into the circumstances, and if no legal reason exists against the execution of the sentence, it must issue its warrant to the Agent and Warden of the State prison mentioned in the original warrant and sentence, under the hands of the judge or judges, or a majority of them, of whom the judge presiding must be one, commanding the said

Agent and Warden to do execution of the sentence during the week appointed therein. The warrant must be obeyed by the Agent and Warden accordingly. The time of the execution within said week shall be left to the discretion of the Agent and Warden to whom the warrant is directed; but no previous announcement of the day or hour of the execution shall be made, except to the persons who shall be invited or permitted to be present at said execution as hereinafter provided.

§ 5. Section five hundred and five of said Code of Criminal Procedure is hereby amended so as to read as follows :

§ 505. The punishment of death must, in every case, be inflicted by causing to pass through the body of the convict a current of electricity of sufficient intensity to cause death, and the application of such current must be continued until such convict is dead.

§ 6. Section five hundred and six of said Code of Criminal Procedure is hereby amended so as to read as follows :

§ 506. The punishment of death must be inflicted within the walls of the State prison designated in the warrant, or within the yard or inclosure adjoining thereto.

§ 7. Section five hundred and seven of said Code of Criminal Procedure is hereby amended so as to read as follows :

§ 507. It is the duty of the Agent and Warden to be present at the execution, and to invite the presence, by at least three days' previous notice, of a justice of the Supreme Court, the district attorney, and the sheriff of the county wherein the conviction was had, together with two physicians and twelve reputable citizens of full age, to be selected by said Agent and Warden. Such Agent and Warden must, at the request of the criminal, permit such ministers of the gospel, priests or clergymen of any religious denomination, not exceeding two, to be present at the execution; and, in addition to the persons designated above, he may also appoint seven assistants or deputy sheriffs who may attend the execution. He shall permit no other person to be present at such execution except those designated in this section. Immediately after the execution a *post-mortem* examination of the body of the convict shall be made by the physicians present at the execution, and their report in writing, stating the nature of the examination, so made by them, shall be annexed to the certificate hereinafter mentioned and filed therewith. After such *post-mortem* examination the body, unless claimed by some relative or relatives of the person so executed, shall be interred in the graveyard or cemetery attached to the prison, with a sufficient quantity of quick-lime to consume such body without delay; and no religious or other services shall be held over the remains after such execution, except within the walls of the prison where said execution took place, and only in the presence of the officers of said prison, the person conducting said services and the immediate family and relatives of said deceased prisoner. No account of the details of any such execution, beyond the statement of the fact that such convict was on the day in question duly executed according to law at the prison shall be published in any newspaper.

Any person who shall violate or omit to comply with any provision of this section shall be guilty of a misdemeanor.

§ 8. Section five hundred and eight of said Code of Criminal Procedure is hereby amended so as to read as follows:

§ 508. The Agent and Warden attending the execution must prepare and sign a certificate setting forth the time and place thereof, and that the convict was then and there executed, in conformity to the sentence of the court and the provisions of this Code, and must procure such certificate to be signed by all the persons present and witnessing the execution. He must cause the certificate, together with the certificate of the *post-mortem* examination mentioned in the preceding section, and annexed thereto, to be filed within ten days after the execution in the office of the Clerk of the county in which the conviction was had.

§ 9. Section five hundred and nine of said Code of Criminal Procedure is hereby amended so as to read as follows:

§ 509. In case of the disability, from illness or other sufficient cause, of the Agent and Warden to whom the death warrant is directed to be present and execute said warrant, it shall be the duty of the principal keeper of said prison, or such officer of said prison as may be designated by the Superintendent of State Prisons, to execute the said warrant and to perform all the other duties by this act imposed upon said Agent and Warden.

§ 10. Nothing contained in any provision of this act applies to a crime committed at any time before the day when this act takes effect. Such crime must be punished according to the provisions of law existing when it is committed, in the same manner as if this act had not been passed; and the provisions of law for the infliction of the penalty of death upon convicted criminals, in existence on the day prior to the passage of this act, are continued in existence and applicable to all crimes punishable by death, which have been or may be committed before the time when this act takes effect. A crime punishable by death committed after the beginning of the day when this act takes effect, must be punished according to the provision of this act and not otherwise.

§ 11. All acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

§ 12. This act shall take effect on the first day of January, one thousand eight hundred and eighty-nine, and shall apply to all convictions for crimes punishable by death committed on or after that date.

STATE OF NEW YORK, }
OFFICE OF THE SECRETARY OF STATE, } ss.

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

FREDERICK COOK,
Secretary of State.

This statute going into effect January 1, 1889, the writer felt it the duty of the body to consider, for the benefit of public officials, "what was the best method of carrying the same into effect," and recommended to the Society the appointment of a committee to consider this subject and report.

A preliminary report was made by this committee, at the November meeting, 1888, which was laid over for discussion to the December meeting, 1888.

That Committee there made a detailed report which was, after discussion, unanimously adopted by the body.

The report is as follows:

REPORT OF THE COMMITTEE OF THE MEDICO-LEGAL SOCIETY ON THE
BEST METHOD OF EXECUTION OF CRIMINALS
BY ELECTRICITY.

Introductory.—In the six weeks that have elapsed since the preparation of our original report to the Society we have made further valuable experiments, and although our report had not as yet been officially printed, we have received so many useful suggestions and criticisms upon such portions as had been given to the public in the press—both through correspondents and through discussions in various papers and journals—that we are enabled to present at this meeting a fuller and more explicit expression of our opinions. The additional light thrown upon a difficult problem has permitted us to make a few slight alterations in our earlier report, and to subjoin an appendix for the better elucidation of the subject.

THE REPORT.

To the President and Members of the Medico-Legal Society:

Your Committee appointed at the September meeting to consider and advise upon the proper method of executing criminals by electricity, reports as follows:

The law recently passed by the Legislature of the State of New York, providing for the administration of capital punishment by electricity, goes into effect January 1st, 1889. All murderers sentenced to death for crimes committed on or after that date are to die by this means. As the use of electricity is an entirely novel method of putting to death human individuals, the manner of the application of the lethal current requires some thoughtful care and study.

The Commission appointed by the Governor to examine into various methods of causing death, which should be more humane than hanging, decided upon electricity. This Commission caused certain experiments

to be carried out upon dogs, by which it was proven that electricity will produce certain and instantaneous death. In these experiments the animals were placed in a zinc-lined box half filled with water connected with one pole, while the other pole, in the shape of a wire, was wound around the nose or inserted into the mouth. There are no data as to the amount or kind of electricity employed. This method, although successful, is hardly applicable to a human being.

Some experiments were conducted by one of our Committee (Dr. J. Mount Bleyer), and reported in the *Humboldt Scientific Library*, March, 1887; and during the past summer a series of thirty or more careful experiments were made upon dogs with death currents, at the Edison Laboratory, in New Jersey, by Messrs. Harold P. Brown and A. E. Kennelly and the chairman of this Committee (Dr. Frederick Peterson), all of which are of particular value to us in suggesting the proper method of executing criminals by electricity. These last were published in detail in the *Electrical World*, August 8th, 1888, and from them we have ascertained the following points:

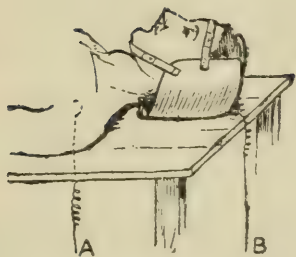
The resistance of these dogs was measured and found to vary from 3,600 to 200,000 ohms, depending upon the differing thicknesses of skin and hair, and the amount of moisture between the skin and the electrodes. The amount of electro-motive force was also accurately determined, and it was found that with the alternating current, as low as 160 volts was sufficient to kill a dog, and that with the continuous current a much higher voltage was necessary for the production of a fatal effect.

There are several points requiring thoughtful consideration in the application of death currents to man which we now proceed to lay before you.

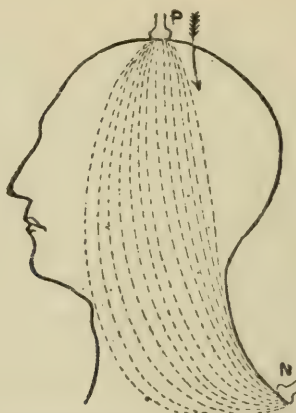
The average resistance of the human body is about 2,500 ohms. The most of this resistance is in the skin. It is evident, therefore, that the larger the surface of the electrode applied to the body the less will be the resistance. But it is also a fact that the density of the current depends upon the superficial area of the electrode. With a pole of small diameter the passing current will be more dense than when an electrode of large sectional area is applied.

We think that immersion of the body in a large quantity of water to act as one pole, or the placing of large metal plates upon any part of the body, should be put entirely out of consideration. It is further well known that, if metal be directly in contact with the skin during the passage of an electric current, burns and lacerations are apt to be produced.

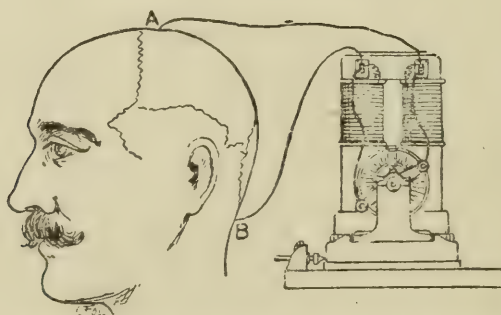
We believe that all means hitherto suggested are open to criticism upon these grounds. The posture of the criminal requires also some discussion at our hands. We think there are serious objections to the employment of any apparatus in which the prisoner takes a standing position. There are so many histories of unseemly struggles and contortions on the part of criminals executed by the old methods, that the necessity of some bodily restraint is evident. Furthermore, the possibility of a tetanic contraction of the body from the shock of the current is to be borne in mind. In our opinion the recumbent or the sitting position is best adapted to our purpose.



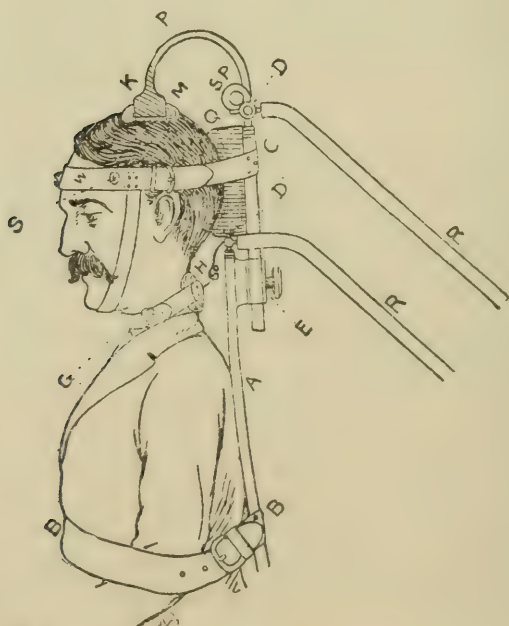
1. THE RECLINING TABLE.



2. THE HELMET AND ACTION OF THE CURRENT.



3. SHOWING THE ACTION THROUGH THE BRAIN.



4. THE APPLICATION OF THE CURRENT THROUGH THE BRAIN.

Another question of importance is to which part of the body the two poles should be applied. There can be no doubt that one electrode should be in contact with the head. The other might be placed upon any portion of the body, upon the trunk or extremities, but there are obvious reasons why the neighborhood of the spinal cord would be more advantageous. The electric current, in passing through the body from one pole to another, undergoes more or less diffusion through the tissues. A current passing from the top of the head to the small of the back will be diffused throughout a great part of the brain, and all of the tissues of the neck. The medulla oblongata—a part of the brain which is the most vital—together with all the nerves of the neck and the spinal cord, which exercise jurisdiction over the lungs and heart, will be thoroughly permeated by the current applied in this way. As the seat of consciousness is in the brain, and particularly in the cortex of the cerebrum, it is clear that this faculty of the mind will suffer at once, if the current be sufficiently strong. The electric stream flows from the positive to the negative pole, and there might be some possible advantage in placing the positive pole on the vertex of the head, nearest the center of consciousness, although death in any case will be instantaneous.

After mature deliberation we recommend that the death current be administered to the criminal in the following manner:

A stout table covered with rubber cloth and having holes along its borders for binding, or a strong chair should be procured. The prisoner lying on his back, or sitting, should be firmly bound on this table, or in the chair. One electrode should be so inserted into the table, or into the back of the chair, that it will impinge upon the spine between the shoulders. The head should be secured by means of a sort of helmet fastened to the table or back of chair, and to this helmet the other pole should be so joined as to press firmly with its end upon the top of the head. We think a chair is preferable to a table. The rheophores can be led off to the dynamo through the floor or to another room, and the instrument for closing the circuit can be attached to the wall.

The electrodes should be of metal, between one and four inches in diameter, covered with a thick layer of sponge or chamois skin.

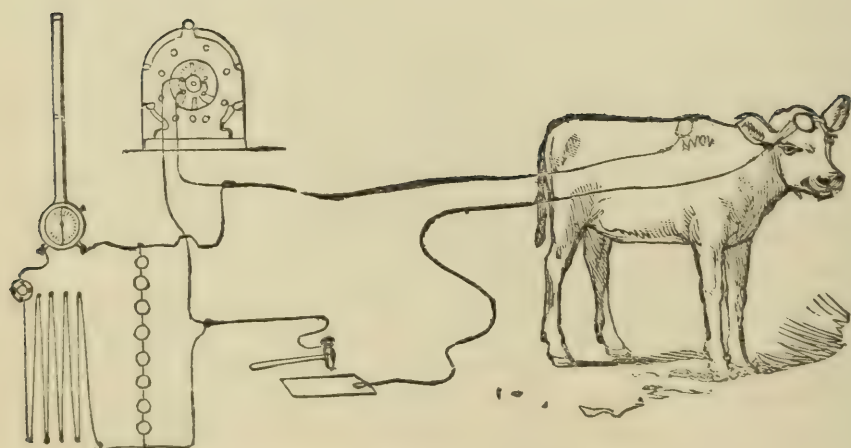
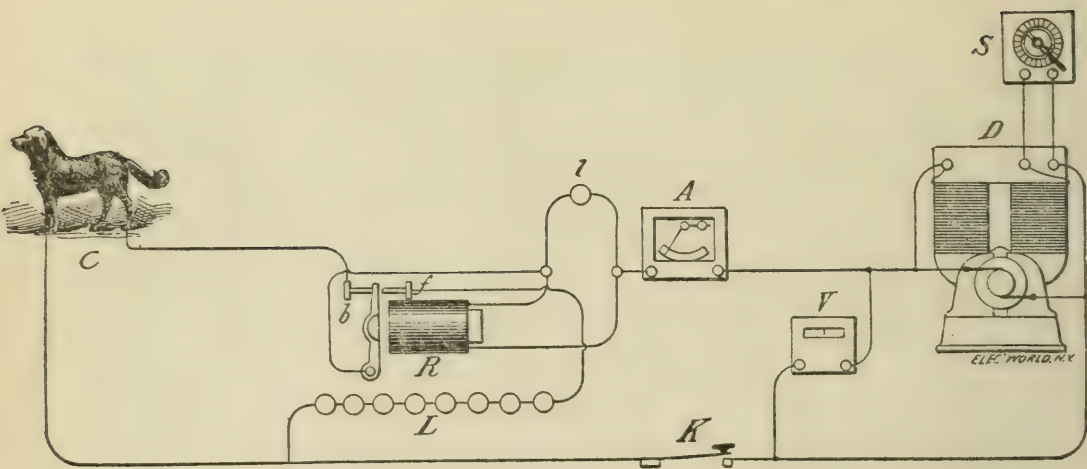
The poles and the skin and hair at the points of contact should be thoroughly wet with a warm aqueous solution of common salt. The hair should be cut short. Provision should be made for preventing any moisture reaching from one electrode to the other.

A dynamo capable of generating an electro-motive force of at least 3,000 volts should be employed, and a current used with a potential between 1,000 and 1,500 volts, according to the resistance of the criminal.

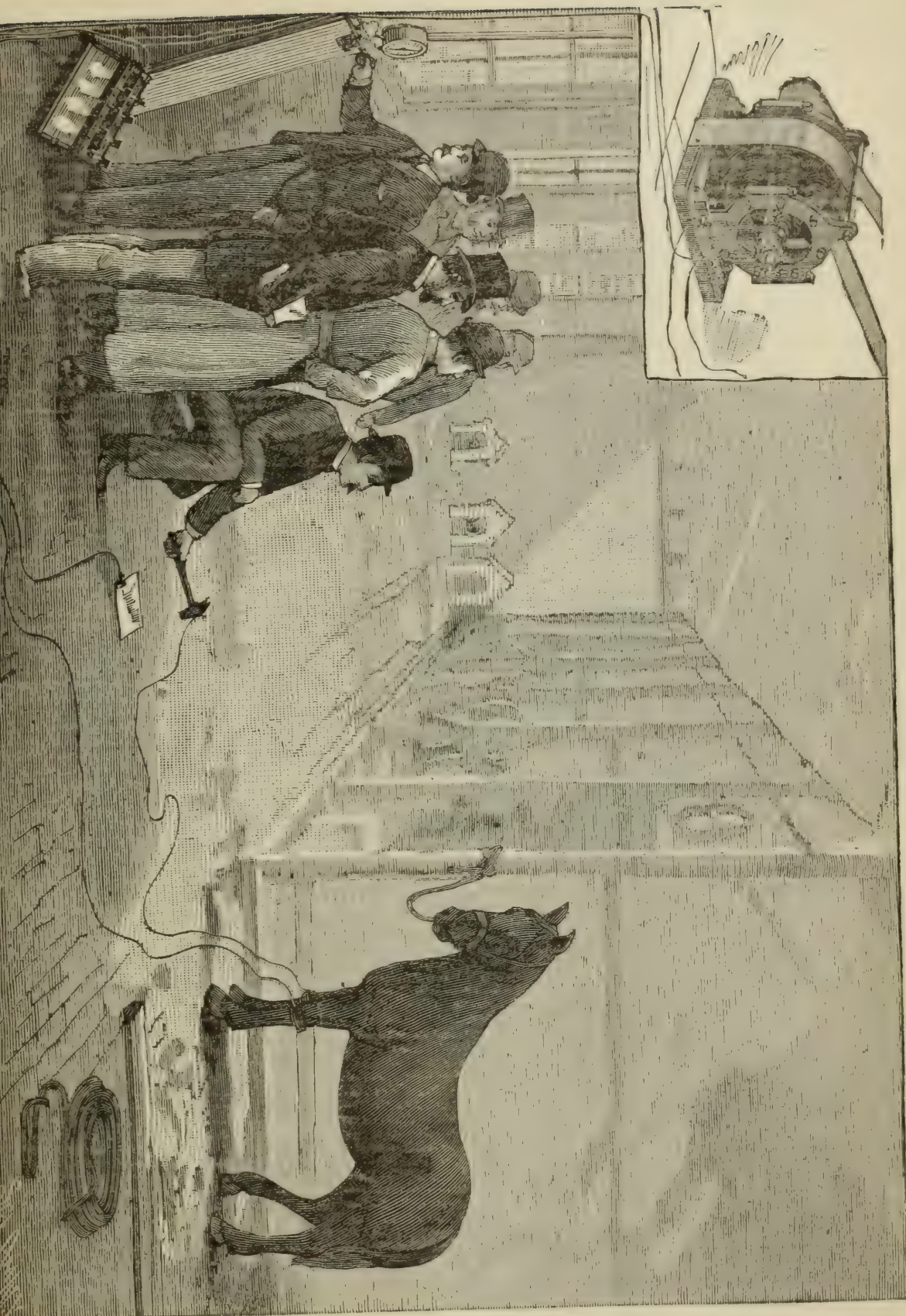
The alternating current should be made use of, with alternations not fewer than 300 per second. Such a current allowed to pass for from fifteen to thirty seconds will insure death.

APPENDIX.

We append here the experiments in abbreviated tabular form upon which we have based our conclusions:



METHOD OF CONNECTING DYNAMO AND SUBJECT.



EXPERIMENTS WITH DEATH CURRENTS BY MESSRS. BROWN AND KENNELLY
AND DR. PETERSON, AT THE EDISON LABORATORY AND AT
COLUMBIA COLLEGE.

	Pounds Weight	Ohms Resistance	Character of Current	Voltage.	Duration of Contact.	Result.
Dog No. 1	10	7,500	Continuous	800	2 seconds	Death
" " 2	20	8,500	Alternating	800	3 "	Death
" " 3	13½	6,000	Continuous	1,000	instantaneous	Death
" " 4	46½	11,000	Alternating	800	2½ seconds	Death
" " 5	50	6,000	Continuous	{ 1,000, 1,100 1,200, 1,300 1,400, 1,420 and 1,200	instantaneous shocks, the last 2½ seconds	Unhurt
" " 6	55	3,600	Alternating		3 seconds	Death
" " 7	41½	14,000	Alternating	250	5 "	Death
" " 8	56	27,500	Alternating	160	5 "	Death
" " 9	59	5,000	Alternating	260	5 "	Death
" " 10	76	15,000	Alternating	330	3 "	Death
" " 11	61	14,000	Alternating	272	5 "	Death
" " 12	91	8,000	Alternating	340	5 "	Death
" " 13	53	30,000	Alternating	220	30 "	Death

EXPERIMENTS CONDUCTED BY MR. A. E. KENNELLY, AT THE EDISON
LABORATORY.

	Pounds Weight.	Ohms Resistance.	Character of Current.	Voltage.	Duration of Contact.	Result.
Dog No. 14	21½		Alternating	205	3 seconds	Death
" " 15	19¾		Alternating	176	15 "	Death
" " 16	39½		Alternating	178	15 "	Death
" " 17	57½		Continuous	400	40 "	Death
" " 18	18¾		Alternating	140	45 "	Death
" " 19	20	8,000	Alternating	255	35 "	Death
" " 20	16¾	4,200	Alternating	418	2 "	Death
" " 21	37¾	{ 200,000	Continuous	304	30 "	{ Unhurt
" " 21			Alternating	100	65 "	
" " 22	12¾	4,000	Alternating	500	30 "	Death
" " 23	33	11,000	Alternating	536	1½ "	Death
" " 24	10	9,700	Alternating	517	1 "	Death

Objections having been made to the dogs on account of the small weight of the animals, the following larger animals were experimented upon by Mr. Harold P. Brown before your Committee:

EXPERIMENTS CONDUCTED BEFORE THE COMMITTEE OF THE MEDICO-LEGAL SOCIETY, AT THE EDISON LABORATORY, DEC. 5TH, 1888.
BY HAROLD P. BROWN.

	Pounds Weight.	Ohms Resistance.	Character of Current.	Voltage.	Duration of Contact.	Result.
Horse	1,230	11,000	Alternating	700	25 seconds	Death
Calf	124½	3,200	Alternating	770	8 "	Death
Calf	145	1,300	Alternating	750	5 "	Death

In most of the dogs the poles were bare copper wire around wet cotton waste wound about a fore and opposite hind leg. Poles the same in a horse, but applied to both forelegs. In the calves sponge-covered metal electrodes were applied, one to middle of forehead, and one near the spine between the shoulders.

Death with the alternating current was without a struggle; with the continuous, painful and accompanied by howling and struggling.

In the earlier experiments where the alternations were from 660 to 4,100 per minute, the voltage was higher. In most of the experiments the alternations were made from 12,000 to 17,280 per minute, and the number of volts electro-motive force required was decreased.

It was suggested to us that the current should be applied through wristlet electrodes. Acting upon this idea we caused the poles to be applied to the forelegs of the horse, but were disappointed in the result.

This method seemed not nearly as effective as our own suggestion of application to the head and back, as was illustrated in the speedy and easy death of the two calves.

Mr. Elbridge T. Gerry, Chairman of the Commission appointed by the Governor, whom we invited to accompany us and witness the latest experiments, has suggested that clock-work be employed to make and break the circuit when criminals are executed in this manner, and we think this a matter worthy of the attention of those who are to carry out the requirements of the law. His request that we specify more particularly the kind of apparatus needed, has led us to make inquiry in this direction. Relative to this matter, Mr. Harrold P. Brown, who, by his numerous physiological experiments with death currents and his high attainments in this department of science, is pre-eminently qualified to speak with authority upon this subject, recommends as follows:

"I think a portable steam-engine of three-horse power with a dynamo-electric generator of the alternating type, self-exciting or with a small exciter, would be preferable. I approve fully the recommendations of your committee in regard to the electro-motive force and other details. In my opinion \$5,000 would cover the cost of this apparatus."

If any doubt should exist in the minds of some that electricity would not necessarily be fatal to man because it has been successfully applied to lower animals, we have but to call attention to the fact that since 1883 some 200 persons have been killed, as we are credibly informed, by the handling of electric lighting wires.

As most of these people were killed probably by contact of the hands with the wires, it shows that in man at least death is rapid in this manner. Hence the suggestions made to this Committee as to the use of wristlet electrodes have their value; and it is possible that this method, with the prisoner fastened in a chair, may ultimately prove the most desirable, as doing away with a complication of appliances and lending greater simplicity to the procedure.

FREDERICK PETERSON, Chairman.
R. OGDEN DOREMUS,
FRANK H. INGRAM,
J. MOUNT BLEYER.

Hon. Elbridge T. Gerry, who was named as a member of this Committee, preferred, on account of his relation to the Legislative Commission, not to act upon this committee, and his name is therefore not attached to this report.

Mr. Henry Guy Carleton, a member of the body who has given the subject great attention, read a carefully prepared paper at the December meeting on the same subject, which was considered at the same session at which the report of the Committee was approved.

The law, by its terms, goes into effect January 1, 1889, and should be given a fair trial before popular opinion should be excited against it or any general reopening of the discussion as to its wisdom.

It will be the first attempt made to use the electric current as a means of producing death or as a human punishment.

The Committee of the Medico-Legal Society were authorized and requested to consult electricians; and their report as to the selection of the appropriate current to be used is based as well on actual experiments as on the highest electrical authority.

Mr. Thomas A. Edison, than whom none can be regarded as a higher authority, has said upon this subject:

The best appliance in this connection is to my mind the one which

will perform its work in the shortest space of time and inflict the least amount of suffering upon its victim.

This I believe can be accomplished by the use of electricity, and the most suitable apparatus for the purpose is that class of dynamo machinery which employs intermittent currents.

The most powerful of these are known as "alternating" machines.

The passage of the current from these machines through the human body, even by the slightest contact, produces instantaneous death.

The plan suggested by the Committee is one which leaves no room for intelligent doubt or criticism, that if followed by the warden of the State prison or other officials, the law, in its spirit and intent, will be perfectly and successfully carried into effect.

TRANSACTIONS OF THE AMERICAN INTERNATIONAL CONGRESS OF MEDICAL JURISPRUDENCE.

FIRST DAY—JUNE 4—MORNING SESSION.

The Congress met at Steinway Hall, which was beautifully decorated with the flags of all nations and the shields of the American States.

Mr. CLARK BELL: As Chairman of the Committee of Arrangements, I call this Congress to order, and ask the Rev. Dr. Talmage to open the meeting with prayer.

Prayer by Rev. Dr. T. De Witt Talmage :

O God ! we implore thy blessing upon this assemblage gathered from different parts of this land, and from other lands in the interest of suffering humanity, the legal and medical professions banding together for purposes of righteousness and kindness. We thank thee for the reinforcement which medical jurisprudence has already given to the court room in the detection of crime, and in the merciful treatment of the demented, who need to be relegated to kindly asylums rather than put under the flagellation of the law. Bless our doctors, our judges, our attorneys, our halls of justice and our hospitals. Put a speedy end to the long groan of the world's suffering. Dethrone narcotics and alcoholism, against the awful reign of which these professional men are constantly battling. Teach the human race to take better care of their bodies, and since the human body is the temple of the Holy Ghost, may they beware how they deface its walls or make unclean sacrifice upon its altar.

May we all be able to put into the service of God and humanity strong nerves, and lungs of easy respiration and hearts of regular beat. May the world come to appreciate muscular Christianity. Fill the nations with bounding and robust health. May the discussions of these four days be spirited, wise and salutary. May the temporary stay of these delegates from other cities be delightful and productive of a higher feeling of professional brotherhood. Protect their families during their absence, putting one wing of thy care over those who are here, and the other wing of thy care over their loved ones far away. May Science and Religion go side by side in the effort to make the world better. Let there be no quarrel be-

tween them, since the same God who by the hand of prophet wrote on parchment, by the hand of the storm wrote on the rocks. May the Christ who was himself a Physician, and the God who bows to nothing in the universe except law—but bows to that—preside over this International Congress of Medical Jurisprudence. And to God the only wise, the only good, the only great, be honor and dominion and victory and song, world without end. Amen.

Mr. CLARK BELL : Ladies and Gentlemen : The assemblage of an International Congress of Medical Jurisprudence in this country, is an event of considerable importance, from a scientific standpoint, especially as this is the first occasion, of the kind upon this continent.

It is my fortune to be Chairman of the Committee of Arrangements, of the Medico-Legal Society of New York, under whose auspices this Congress has been called to assemble, and as such I tender to you, in its name and behalf, a welcome to this great metropolitan city. I assure you of its deep interest in your deliberations, and in the efforts made in your behalf, and in behalf of the advance of that science, and of such recognition as we believe it is proper your labors should receive.

I must not say all I could wish, as there are others to follow me, but in behalf of the Medico-Legal Society, whose guests you are, I assure you of a hearty welcome. I take a peculiar pleasure in introducing to you the Lieutenant Governor of the State, the Hon. Edward F. Jones, who has consented to preside as Chairman of this session, and to take the chair during the opening ceremonies.

Lieut. Governor EDWARD F. JONES, on taking the chair, said :

Gentlemen of the International Congress of Medical Jurisprudence :

Through the courtesy of your President, I have been invited to preside at the opening exercises of this International Congress.

I can conceive of no reason that could have induced this selection, except the desire on his part to compliment an old friend.

It is certainly a compliment of which any one should be proud.

I am of neither of your professions—not skilled in medicine or learned in the law, simply one of the people, who has been honored by them beyond his merits.

Perhaps my selection may have arisen from a desire on your part, as Burns expressed it, “ to see ourselves as others see us.”

Should I express plainly from the people’s standpoint, opinions regarding your respective professions, that may savor more of truth than flattery, I would in advance disclaim discourteous intent, and bespeak your charity. Within my view are the representative men of the two most eminent professions, not only of our day, but this

rank has been held by them from the time that man realized that his intellect was like a plant, susceptible of improvement by cultivation.

Learning ever has and ever will command respect, and this esteem is in the ratio of knowledge.

The more a man knows, the greater will be his veneration for the man who knows more than he.

You gentlemen of these two learned professions are entitled to the eminent position which you hold in the estimation of the world.

It is yours by right of acquisition.

No potentate can confer the rank upon you ; he can only certify thereto. It came not by primogeniture or inheritance. It is the reward of unremitting devotion to a grand purpose. It is the wages paid for labor, or we might almost say it is of your own creation.

The value of the knowledge that entitles you to this distinction is beyond appraisal.

It is the only wealth of which you cannot be robbed.

It is the most precious of riches, and you have the supreme satisfaction of being its *honest* possessor. No wrong has been committed in its acquirement and no one is the poorer.

The search for knowledge is like delving in an inexhaustible mine which every one, who will, is free to work.

There is no question of results, all are compensated according to the labor expended and their talent to receive.

We hear no communistic demands for an equal distribution of this species of property.

Knowledge forms no trusts. Great corporate bodies cannot control, neither is it within the province of syndicates.

Combines are futile to prevent its acquisition.

Legislative enactments are powerless in its suppression.

True liberty exists only in the realms of knowledge. Financial wealth occupies no relative position with knowledge, for that can only be created to a limited extent, beyond that its acquisition involves a loss to the source from which it is derived.

Medicine and law. May I be permitted to treat the two sciences rather in their relation to the people than to each other.

Medicine and law. It is fitting that their votaries should clasp hands.

They approached the temple of knowledge by the same route; their early paths were identical. At the base of the hill they chose different courses to reach the summit where, in the estimation of the people they stand upon a level, although the lawyer perhaps justly claims precedence from the fact that one may be at the head of the healing art with his knowledge circumscribed by the limits of the human body. He even may be ignorant of all law beyond that pertaining to the duties of good citizenship.

But the truly great lawyer must know not only all that technically pertains to his own profession, but also medicine, surgery, science and arts, manufactures, mechanics and mining, even commerce and navigation, business in all its relations, matters ecclesiastical and temporal, be familiar with the follies and frivolities of life as well as its sad and sober realities.

In fact there is no subject about which there can be a possible difference of opinion of which it is not an absolute necessity that the lawyer who aspires to eminence in his profession should have a thorough knowledge.

If there were no difference of opinion, Doctors might thrive upon the weakness of our frail bodies, but lawyers would starve, for it is upon disagreement that they exist.

We have even heard it intimated that some of low degree have engendered strife and even gone so far as to counsel law breaking that they might profit thereby.

But who ever heard of a Doctor that advised a violation of the laws of nature that he might have a patient to cure?

As between the Doctor and lawyer, we may respect and admire the learning of the latter, but when it comes to the question of next friend, it is the Doctor that holds the place.

Perhaps we *could* get along, and if it were not for the presence in which I stand I might venture the opinion that we should be better off without lawyers.

But the Doctor; he it is that greets us at the threshold of existence; we meet him at every turn in our journey through life; value him at his reality, and when the end approaches that comes to all, we hail with unbounded satisfaction his presence.

“Unto whom much is given, of him much will be required.”

What answer have your respective professions to make when an account of your stewardship is demanded. Although the great knowledge you possess is all your own, still your relation to mankind has its obligations.

In our Republican form of Government we are all sovereigns and all subjects, and as one of the people I trust it will not be deemed impertinent for me to ask, how have you served your country and your fellows?

Is mankind the gainer for your having existed?

You gentlemen of the medical fraternity stand better in the estimation of the people, in this respect, than your friends, the lawyers. Your relations with humanity are closer. The sympathetic bond that exists between Doctor and patient can never be equalled by any tie of lawyer and client. We love our Doctor. Who ever loved his lawyer?

The Doctor's relation to the people is mainly personal; it is with individuals; the same between lawyer and client, but the legal pro-

fession goes much further, which inspires the question to what extent in our country is it responsible for existing conditions? We are warned against Plutocracy and the influence of money in public affairs, but the "wealth of the Indies" would be of but little account were not its operations guided by the light that legal science affords. Am I wrong in saying that the legal profession is the power that controls in public affairs everything from the machinery of Government down to the most trivial details of citizenship.

In the increase of its power it has gradually assumed without plan, intention or preconcert, a fearful responsibility, none the less than the stability of our Government.

Look which way you may for threatening dangers and you will find members of the legal profession retained to construe the laws in their support.

Lawyers control legislation. They not only make our laws, but what is of equal importance, they interpret them. Members of the profession sit in our legislative halls as the paid attorneys of special interests antagonistic to those of the people. Measures of public concern are advocated or opposed by the relation of their clients.

The ablest men in the profession are retained for the prosecution in the great case of Corporate greed versus the people.

Were it not for the ingenuity of the skilled counsellor, the scheming financier would have more respect for the rights of property. Were it not for the counsel for the defence more men would hesitate at the threshold of crime. In early days in the history of our country, the clergy were the formulators of opinions and the conservators of public interest, but in this liberal age it is the legal profession that heads the columns and should clear the route for wholesome progress. I am told that members of the bar have a code of ethics which is a model of morality and justice.

If the practice of the present day conforms thereto, I have misjudged, and they have a right to appeal to that highest of all earthly tribunals—public opinion.

Medicine and law. Their relation each to the other in modern civilization is very close. The result of your deliberations will be a firmer alliance from which each will derive benefit, but the greatest good will be to people. .

The Chairman, Lieut. Governor JONES: It is my pleasure to present to this Congress Ex-Chief Justice Noah Davis, who has won distinction both at the Bar and upon the Bench.

Judge NOAH DAVIS: *Mr. President, Ladies and Gentlemen:* I shall not stand here to defend the lawyers whom the Lieutenant Governor has so fiercely assailed. I do desire, however, in a very

few words, to assure you, that when doctors were mentioned by Gov. Jones, Doctors of Divinity were meant. But he dared not say that! He hoped to flatter the doctors of medicine, who happen to be in the room, while the doctors of divinity are not so largely represented, and presumed that the doctors of medicine would appropriate to themselves all the kind things that were said, and consider them as belonging to the medical profession. I took his remarks quite the other way.

I am very glad to be present this morning, at the opening of this Congress, although I am due elsewhere by my professional engagements. I came here simply to show, that I take a great interest in the proceedings of this body. But I am unable to remain here to-day to participate in the exercises, because I am delaying proceedings elsewhere, in which I am connected in my professional capacity, and I shall therefore enter upon no extended discussion at this time. I wish to say that the discussions of this Congress concerning the interests of humanity and morality, as well as those of the professions of medicine and law, will, I hope and believe, be presented in such a way that when the proceedings of this Congress shall be published to the world, they will be regarded as the advanced public opinion upon all these subjects.

I must now leave, because, as I have already said, I am detaining others elsewhere, but I hope to be present at the sessions on various occasions, and to be able then to take some part in your deliberations.

Chairman Gov. JONES—I now have the pleasure of introducing to you Moritz Ellinger, Esq., Corresponding Secretary of the Medico-Legal Society.

MORITZ ELLINGER, ESQ.

It is the first time that a congress, composed of representatives of the medical and legal faculties, assembles in this country in the interest of medico-legal science. It is only in modern times that societies have been forming for the purpose of embodying into our laws the results of the advanced knowledge gained in psychology, physiology and psychiatry.

Medico-Legal Science in its practical application is confined mostly to the better administration of justice and its humanization. It takes account of the motives, the passions, the control and want of control, of those who come before the human tribunal to answer for their deeds. The courts, in order to better inform themselves of the normal condition of the subject so brought before them, called in the aid of those who, by their study, experience and intimate knowledge, were qualified to enquire into the mental and physical condition of the persons to be

dealt with by justice. It is only within this century that the conviction has gained ground that a close relationship between the medical faculty and the legal faculty must needs be established in order to harmonize fuller and better the inter-related functions exercised by them. It has been recognized that the evidence given in court by medical experts should be heard by judges who are conversant with the nice scientific questions at issue. Medico-Legal science as taught at the colleges and universities is not sufficient to cause a clear light to be shed upon the various questions that come up for decision. Only general principles can be laid down and taught at colleges and universities, but the various questions as they arise in law, with the ever-changing phases developed by human nature, must be dealt with according to the peculiar surroundings which condition each case. The consideration of each especial case and the cases analogous should be based upon a thorough investigation had before bodies composed of men who have made the study of physiology, medicine and pathology a specialty, and those whose field of study occupies the realm of law-making, law administering and law-interpreting. Until now, especially in this country, the physician who testifies in courts regarding his investigation of individual cases, is looked upon by the court with the suspicion that his views in the case may have been influenced by the material interests he has at stake. This is probably the same case in England, where, on an average, the testimony of the expert is looked upon as of no greater value than that of the ordinary witness, and it is not surprising, therefore, that up to within the most recent times, cases have been decided in English and American courts which run counter to the opinion of all respectable members of the medical profession. It is, therefore, in the interest of advanced humanity, of a new administration of justice, that Medico-Legal societies have been formed which make it their exclusive object to bring about a closer relationship between the two faculties, those of law and of medicine.

Science in modern times is not confined to one nation or one country. It is cosmopolitan, and the advantages gained by the meetings of the exponents of the various branches of science, which are generally composed of the best representatives of science in each country, have done much to enhance the knowledge in each branch.

Those interested in Medico-Legal Science should follow their colleagues and meet from time to time in international conventions. The laws which underlie the administration of justice in various countries, as far as they are governed by Medico-Legal principles, should be compared. The progress made in one country should be transferred to all countries; a general acceptance of the principles agreed upon by those conventions may be expected, and the potent voice of men

whose authority will be generally recognized and find an echo in every legislative and judicial body throughout the world. This being the first congress assembled in our country, it will be our business to lay the foundation for the permanent co-operation of the various societies existing in this country and abroad, forming a central medium of communication, and bringing in contact the minds engaged throughout the world in solving the great problems which are brought from time to time before the Medico-Legal Association. This congress should not be confined simply to the reading and discussing of papers, but an organization should be formed for the consideration of those questions that might form the subject of future deliberations, and which in the meanwhile, might be investigated and deliberated upon by competent committees. There should also be plans perfected for the establishment of branch societies in all civilized countries of the world. It will be well, perhaps, to call the attention of the medical faculty to the overshadowing interest which they have in the building up of these societies. The personal jealousy existing between the court and medical expert can only be bridged over and obliterated by more frequent and more intimate association between the two professions.

Let me hope, then, and I express the hope in the name of the Medico-Legal Society of New York, that this congress will lay the foundation for permanent work in the interest of greater progress in the administration of justice and for the advancement of humanity.

Chairman LIEUT. GOV. JONES—We also have another gentleman here from New Orleans, who is connected with the medical and legal departments of that city, and is Coroner of New Orleans. I take pleasure in introducing to you Dr. Le Monnier.

DR. Y. R. LE MONNIER—*Mr. President, Ladies and Gentlemen :* It is with pride that I find myself among you, coming, as I do, from the far South to take part in this Medico-Legal Congress. My presence here, therefore, is characteristic of the scope of its consistency and the breadth of its purpose. Whenever we as Americans move in any direction we do it for success. I hope that this body which assembles to-day for the first time in the history of this country, will, like everything that has preceded it, be a success; and that it may contribute to make the science in America, which to-day is in its infancy, stand at no distant time at the head of the world. It is science, gentlemen, that unites the medical and legal professions, and it is science that is to be the safe guard to prevent or detect crime. It is this which has taught us to care for the unfortunate

insane, our fellow beings who are as incompetent as new born babes, for they are unable to know what they want. The law cares for them now, with that kindness which prevents them from being thrown into a dungeon as outcasts, as was done in days gone by, or considered as evil spirits. Human science has enabled us to throw a safeguard around the deaf and the dumb, and enabled them to be useful citizens in the community. I do not believe for a single moment that the man who has lost his reason is a useless idiot. Going through our insane asylums, we are astonished to see men who have lost their reason still able to be of assistance to their fellowmen. I hope, Mr. President, that this Congress will be but the opening wedge of our success, and the predecessor of others, still more influential and crowned by a still larger attendance.

Chairman GOV. JONES—I now have the pleasure of introducing to you Professor Thwing, who represents one of our Medical Colleges, and various educational interests.

PROF. E. P. THWING :—*Mr. President, Ladies and Gentlemen :* The tone and temper of the hour are congratulatory, and properly so. The programme in my hand is appetising ; the composition of the Congress is prophetic. We bid our guests from this and other lands, the same hearty welcome, that has been extended to American scholars in distant cities and in lands beyond the sea. The tasteful decorations of this hall remind us that this is no local and provisional affair. They represent all our states and different nations. Though silent, they are eloquent voices of welcome.

This Congress is fortunate in the period and place of its convocation. The stirring words of the silvery-tongued orators of our Centennial have hardly died away on our ears, reminding us of the political factors of our national life. But there are other tutelar forces of our nascent civilization which this Congress makes conspicuous. This first century of American medicine and American jurisprudence is fruitful in its suggestiveness. There is no country in the world, according to Edmund Burke, where Law is so generally studied as in America. De Tocqueville mentions it as one of the most potent forces of our national life. There is still, however, opportunity for advancement, especially in the illumination of those legal questions where the prosecution is met by the plea of insanity. The lawyer and jurist should not lack a scientific spirit, and men of science need to cultivate a judicial temper. Laws are changing. They are born ; they live, they die. But for the flexibility of our political system it never would have survived the crisis of its first century. As modern physiological chemistry has given agriculture a scientific basis, so psychology is to give a richer development to

medicine and law in the near future. Each of the learned professions, divinity, law and medicine, is elevating the standard of admission to its ranks. The curriculum is being enlarged by a third or fourth year, by post graduate work, or compulsory examinations. The Royal Commission in London in connection with the founding of the new Albert University, has been considering this matter of a broader preliminary education for medical students, one that shall be free from the narrowing influences of tradition that have been felt in English academic life.

The outlook to-day is inspiring. The suggestions of Mr. Ellinger as to the future, and the influence which this International Congress may set in motion, are exhilarating. In the oceanic breadth of modern scientific thought shall we stand still like islands or move on like ships?

We are fortunate in our place of convocation. For, is not New York the commercial centre of our American life? Were I to say the centre of our literary or scientific life, our delegates from the "Hub" might raise a hub-bub. Boston, in which, once born, some fancy they need not be "born again;" where school girls read tragedies in Greek, as they sit in street cars, and where conductors and drivers dispute about metaphysics, as was the case the other day, where a conductor was heard scornfully to say to the driver "You are but a personality; I am an individuality!" Boston, I say, is no mean city. Can I question its intellectual supremacy? Was I not bred there, and on Boston Brown bread, too? Boston is the brain of New England. Let New England lead the world! Nevertheless, New York City is a good place for the first gathering of the international representatives of forensic medicine. Did time allow, I might speak of the rise and progress of legal lore in this city from the days of our illustrious citizen, Chancellor Kent, till now, but Mr. Silliman, in his "Sixty Years at the Bar," has anticipated me, and I refer you to that elaborate review of his at last Wednesday's banquet. The past is honorable, but the future will far excel it, and the doings of this Congress, cannot but give a healthful impulse to popular thought and professional investigation.

Chairman Gov. JONES.—I will now call upon and introduce to you Roger Foster, Esq., of the New York Bar.

Mr. ROGER FOSTER :

Mr. President, Ladies and Gentlemen: When my friend, Mr. Bell, told me this morning that he wished me to address this audience, he said: "Now, Foster, be sure that you don't speak more than five minutes." I said there would be no fear of that, for I could tell all I knew of medical jurisprudence in a much shorter space of time.

After several years spent in attendance upon the debates of the Medico-Legal Society, and the study of its publications, I have thoroughly learned one thing, namely : never to take a step in a case involving a question involving medical jurisprudence, without first retaining the aid of an expert of undoubted ability and reputation. In that way I have, more than once, won a case, through which I have gained some little money and reputation, when, in truth, the whole credit of the victory was due to the intelligent physician or scientist who sat beside me, and by his suggestion of arguments and questions to be put upon cross-examination, taught me how to convince the court and jury that my client was in the right.

It is a pleasure to meet so many of my professional brethren, as well as members of the other learned profession, who are here assembled from different parts of the world.

There is often too little harmony between lawyers and physicians. This, like most antipathies, is founded upon ignorance. The methods of investigation in a laboratory or dissecting room differ so widely, from those used in a court, or lawyer's office, that they who are accustomed to the use of one, often cannot comprehend the advantages of the other. Hence the reciprocal criticism that is too often heard : "The reference by the advocate, to Dr. Sangrad ;" "The allusion by the surgeon to Serjeant Buzfuz." By close association, by the interchange of thoughts, and the comparison of ideas in scientific investigation, pursued together, we learn to understand each other better, and consequently to respect each other more.

It is a pleasure, also, to see here, sitting as delegates to the first Congress of Medical Jurisprudence, representatives of the opposite sex, women who have won honored names in the practice of medicine, here and elsewhere. It is a matter of some regret to us, who are members of the bar, that no woman has had the courage to come down, and practice law here, as has been done in Boston and elsewhere. But that regret is tempered by another feeling, our fear that, if we had to enter into competition with them, we would soon be driven to the wall.

The disastrous effects to men, of the invasion of lawyers' offices by women, have been already felt in this city. Until a few years ago, there still existed and flourished, a race of men whose history was older than that of Christianity—whose occupation was founded before these scribes lived, who were the allies of the Pharisees. The engrossers and copyists have disappeared from our midst ; they can no longer be found ; they have taken to drink or to the river, having been conquered in the battle of life, by the superior ability of the petticoated typewriter.

We have also here one of the most distinguished investigators in our branch of science, one who is known throughout the country. I am informed that, concealed amongst those bonnets, sits the heroine

of the most daring exploit in the history of medical jurisprudence, she who feigned insanity in order to examine the asylum at Blackwell's Island, Miss Nellie Bly, of the *New York World*. We welcome her, also, to our ranks.

But, Mr. President, my five minutes must be long since exhausted, and I have broken my promise to you. In closing, let me express the hope that this Congress will prove of benefit to humanity, by increasing two things, the best as well as the rarest—health and justice.

LIEUT.-GOV. JONES, Chairman:—I have the pleasure of calling now upon Prof. Isaac Lewis Peet, whom I am delighted to introduce as one of the earliest members of the Medico-Legal Society and one of the foremost of the associates in this congress, and whom I now ask to address you.

Prof. ISAAC LEWIS PEET: Mr. President, ladies and gentlemen, I always have this excuse for not making a speech—that all my life has been spent in the world of silence. My father before me was an educator of the deaf, and consequently, my earliest years were passed among a class of persons who could neither hear nor speak, and my whole life until the present time has been spent in the endeavor to ameliorate the condition of these unfortunate beings. They form a peculiar class. They are in a peculiar condition, so far as original responsibility is concerned; peculiar methods have to be employed to bring them to the same condition, in which their more fortunate fellow-beings are found, who can hear and speak.

There are very many questions connected with their original and subsequent conditions, as under the influence of or influenced by education, which require the deepest study, so far as psychology is concerned; and it is no wonder that the questions, growing out of this special class and their condition, should have led me early to association with a body of men, who were de-

voted to a study of all questions, in which human beings were to be considered, in regard to their relations to law and society, which takes up the rights of human being, when those rights seem to be interfered with. The conditions of this class of people differ from the ordinary conditions of mankind and society, in which the medical man, and the man who is brought into special relations with similar classes of humanity, like myself, and like the man who has interested us in the discussion of the law, they are brought together in order that these questions may be thoroughly and absolutely understood.

The Medico-Legal Society, started many years ago, under the most intelligent auspices, with the most earnest devotion on the part of its founders. It occupies a unique position in the world—unique on account of its name—the Medico-Legal Society; unique on account of the objects it sought to achieve; unique because it was the first in this or any country, and now the only one which embraces the whole country, which has members in every State in the Union; unique in having called together a congress of all nations—of representative men of all nations—to consider these subjects. I hope, as a result of this congress, its work and influence will be strengthened, and that much good will be accomplished for the benefit of humanity through its influence, and through the influence of the different societies here represented. I am especially glad that societies in other lands can correspond with it, and through this congress be brought in close relations with us all. I look upon this congress as marking a new era in human progress. I believe that as a result of its deliberations, and of the discussion of the special questions, which will be brought before it, the world will be benefited by it.

I can state, sir, from close observation of the plans

and scope of this congress, and as a member of the Medico-Legal Society, that, in our journal, in our purposes, and in our president, we feel as if we had secured the means of benefiting the cause, and promulgating and propagating it, as we could not if we had any other man to lead us.

Mr. CLARK BELL: I have received a telegram from Col. John R. Fellows, who was announced to speak this morning, stating that he was engaged in court and unable to come; also from Judge John F. Dillon, who was likewise detained by professional engagements he could not break. I hold also in my hand a telegram from Judge Montgomery, of Washington, saying that he is unable to attend to-day's session, but will come on, later. Prof. Paul F. Munde who consented to speak sends me word that he is unavoidably detained as is Mr. Chauncey M. Depew and Mr. Simon Stern both of whom had consented to do so at the opening ceremonies.

Mr. CLARK BELL: Mr. Chairman, I move that the Chair name a committee of five on Basis of the Congress and a Permanent Organization. Carried.

The Chair appointed the following committee :

Dr. Y. R. Le Monnier, chairman, of Louisiana; Mrs. M. Louise Thomas, of Pennsylvania; Hon. Judge Wm. A. Fisher, of Baltimore, Md.; Dr. Isaac Lewis Peet, of New York; Dr. W. J. Lewis, of Connecticut.

Mr. BELL: Mr. Chairman; while the Committee on Permanent Organization is in session, I desire to request delegates from abroad to please leave their names and present addresses with the stenographer or secretaries, so that provision can be made for their entertainment by the society. We have no means of knowing who or where they are, without they furnish their names.

I have here some invitations I desire to read :

From the New York World :—

The *World* will be very glad, indeed, to have the representatives of the Medical-Legal Congress visit their press-rooms, and witness the operation of their power-presses, where they can be seen every afternoon, between one and six o'clock, and ten and half-past two o'clock in the morning. If this invitation is accepted, I can arrange to have one of the presses operated between eight and twelve o'clock P. M., which would probably be more convenient for the delegates.

Very respectfully,

JOHN A. COCKRELL,

Mn'g Editor N. Y. World.

Mr. BELL: I move that the invitation to visit the *World* press-rooms be accepted, and the time of acceptance to be left to the executive officers. Carried.

Mr. BELL: Mr. Chairman, I also have an invitation from the Commissioners of Charities and Corrections, of New York City, to the members and delegates to the Congress to visit the New York City institutions for the insane. A steamboat will start at 1:30 o'clock on Thursday afternoon, 6th instant. The Committee of Arrangements have taken the liberty of accepting this invitation in behalf of the Congress, and it now comes before the Congress for action.

On motion, the action of the committee was approved, and the invitation accepted.

Mr. BELL: I hold in my hand, Mr. Chairman, an invitation from the President of the Board of Trustees and from the Medical Director of the State Insane Asylum, at Morris Plains, N. J., in which the delegates from this body who desire to visit that institution are invited to do so. This is the result of a correspondence between the officials of that institution and myself. As our days are all taken up by the programme prior to Saturday, I would suggest that the invitation be accepted for the morning of that day.

The invitation was accepted, with the thanks of the Congress, for 10 A. M. of Saturday, 8th instant.

Mr. BELL: Mr. Chairmain, I have a letter from Dr. T. R. Buckham, of Flint, Michigan, which he requests me to read before the Congress:

FLINT, Mich., 29th May, 1889.

CLARK BELL, Esquire, President International Congress Medical-Jurisprudence, New York:

DEAR SIR:—I very much regret that my broken bones are not yet strong enough to warrant my leaving home next week, so I shall have to deny myself the very great pleasure and profit I had anticipated in being with you next week. I feel the disappointment keenly. I shall read the fullest report of your proceedings I can obtain with great interest. I am, however, delighted that we have some important, substantial improvements to report to our trans-Atlantic brethren in our specialty. Less than two years ago, many of our courts decided insanity cases, as diseases of the mind, by the knowledge of "right and wrong test," now we have *three courts of last resort*, deciding rationally and according to science. All honor to the distinguished trio, Justices Somerville, Montgomery and Long, with their associates, who have inaugurated the important reformation in the courts which I believe will soon spread over our broad land, which reformation at the present time, I firmly believe, would have been impossible but for the potent advocacy of the Medico-Legal Society of New York, through the exertions of its indefatigable and efficient President, also the editor of its journal.

Wishing you a very happy and profitable time, believe me

Yours sincerely,

T. R. BUCKHAM.

Mr. BELL: I also have a letter from Prof. Reese, of Pennsylvania, in which he says his health will prevent his presence until Friday, the 7th. Letters of sympathy and congratulation were read from Jules Morel, M. D., of Belgium; Norman Kerr, M. D., of London; Prof. Benedict, of Vienna; Dr. Lutaud, of Paris; Dr. Vleminckx, of Brussels; Dr. Cowan, of Holland; Dr. Bettencourt Rodrigues, of Lisbon, Portugal; Sir John C. Allan, of New Brunswick; Daniel Jordan, of Fredicton, N. B.; Dr. Daniel Clark, of Toronto; Dr. Hack Tuke, of London; Dr. Motet, of

Paris; Dr. Magnan, of Paris; Dr. Kowalewsky, of Russia; Dr. Taladriz, of Spain; Dr. La Cassagne, of Lyons; Senator Prof Andrea Verga, of Italy; Prof. Maschka, of Bohemia; J. Wood Renton, of London, and some hundreds of others from various states of the American Union, and from foreign states and countries too numerous to give place here.

Mr. BELL: Mr. Chairman, while the committee is still in session, I wish to say, as you have probably learned from the programme, the conference closes Friday evening with a banquet at the Hotel Marlborough. As it will be necessary to make provisions for the entertainment of the guests, I desire to say that all applications for tickets made to myself or to any of the officials will receive prompt attention. The seats will be reserved for each one in the order in which the tickets are ordered.

The Committee on Permanent Organization made the following report through its chairman:

Mr. LEMONNIER: Mr. Chairman, ladies and gentlemen, I have the honor to report, on behalf of the committee, that we recommend that this Congress now proceed to organize by the election of the following officers, namely, one president, for which office we propose the name of Clark Bell, Esq., and the following vice-presidents: Chief Justice Bermudez, of Louisiana; Prof John J. Reese, of Pennsylvania; Judge Noah Davis, of New York; Dr. W. W. Godding of Washington, D. C.; Dr. C. E. Hughes, of St. Louis, Mo.; Dr. Carl L. Horsch, of New Hampshire; David Stuart, Esq., of Maryland. For secretary, Moritz Ellinger, Esq., of New York. For assistant secretaries: Dr. Frank H. Ingram, of New York; Dr. W. J. Lewis, of Connecticut; Mr. J. F. Walters, of Brooklyn, N. Y.

Chairman Hon. ED. F. JONES: You have heard the re-

port of the Committee on Organization, and the names they propose as officers for the ensuing year. What action do you take upon the report?

Motion was made by Dr. I. N. QUIMBY, which was seconded, that the committee's report be accepted and adopted, and the names proposed be the officers for the following year and until others are chosen in their places. Carried unanimously.

Hon. ED. F. JONES conducted the president-elect to the chair.

President CLARK BELL, on taking the chair, said: I return my thanks, ladies and gentlemen of this Congress, for the honor and distinction conferred upon me. Without further remarks, I would ask of the body its further pleasure?

The programme of the Congress was laid before the body as prepared by the Committee of Arrangements, and approved.

Nothing further remaining to be done at the morning session, the Congress adjourned until half-past two in the afternoon.

CLARK BELL,

President.

MORITZ ELLINGER,

Secretary.

AFTERNOON SESSION, JUNE 4TH.

President CLARK BELL, Esq., in the Chair.

Mr. BELL: I wish to introduce to you a gentleman widely known both in this country and Europe, and who, besides being a representative from the Pennsylvania Hospital for the Insane, is a delegate from the Society of Mental Medicine of Belgium, Dr. John B. Chapin, of Philadelphia. (Applause.)

Dr. JOHN B. CHAPIN: Ladies and gentlemen, I do not know that I have anything to add to the introduction of your President. I received a letter from Dr. Jules Morel, Secretary of the Belgian Society, asking me to be present, and extend its congratulations to this Congress and the associates in this work, and also to express the regret which he and others of the Society feel, that they were unable to attend.

President BELL: Fellows of the Congress, we have now commenced the interesting part of our work, as laid out by the programme—reading the papers contributed to the Congress.

Toxicology forms one of the most important branches of medical jurisprudence. Nothing comes so near the public heart as the work of the chemist. Dr. Beck, when he commenced his career, called public attention to the fact that a man in Europe had been able to determine the existence of poison in the human body (*Orfila*). Brouardel of Paris, recently made an honorary member of the Medico Legal Society, has a great name in toxicology in his country. The late Dr. Swayne Taylor was an eminent chemist, also. And our rolls contain the names of Prof. Reese, of Pennsylvania, Prof. Horsford, of Massachusetts, C. A. Doremus, and Henry Mott, jr. Other distinguished chemists have been connected with this work in

the various countries abroad, such as Prof. Otto, of Germany; Prof. George Dragondorff, of Dorpat, Russia; Dr. Stevenson, of London; Prof. Vaughan, of Michigan; Prof. Chittenden, of Yale; Dr. Miller, of Philadelphia—all on our active or corresponding list of members. But we have in our own country a man who has made a name and fame in chemistry, which has extended not only throughout the Union, but into all lands, an ex-President of the Medico Legal Society.

I have the honor, and esteem it a very great pleasure, to introduce Prof. R. Ogden Doremus, who will favor us with a history of the Marsh test for arsenic, and modifications of the same. (Applause.)

Prof. R. O. DOREMUS then read his paper:

Mr. BELL, Chairman: I have a communication from Harold P. Brown, Esq., announcing his sudden illness, and requesting that his paper, "Electrical Distribution," be deferred to a day later in the session. This paper will be read on Friday afternoon, as also that of J. Murray Mitchell, Esq., on "Legislative Control of Dangerous Electric Currents," and "Electricity and the Death Penalty," by CLARK BELL, Esq.

The paper on "Sources of Error in Micro-Measurements, in medico legal cases," by Dr. Wm. J. Lewis, of Hartford, Conn., was then read by title.

Chairman CLARK BELL: The paper announced for this session by Prof. V. C. Vaughan, of Ann Arbor, Michigan, on "The Medico Legal Points in Case of State of Michigan vs. Matthew Millard," has not yet reached the Chair, and if there is no objection on the part of the Congress, this paper will be read by title, and if it arrives later it will be read at length.

It was ordered that the paper be read by title.

Chairman BELL: The paper by Dr. C. Spadora, of

Italy, has also failed to reach the Chair. He wrote me that he would be here. I have received a second letter from him, but neither contains his paper. I think the same action had better be taken on his paper, as on Dr. Vaughan's, and it will therefore be read by title if there is no objection.

It was so ordered.

Chairman BELL: I think that whatever discussion takes place on Prof. Doremus' paper, should occur before that upon the paper on the Medico-Legal History of the Deschamps' case, as the latter, is on an entirely different subject, and will tend to embarrass the discussion.

Dr. WM. J. LEWIS, called by the Chair, said: I really have very little to say in regard to Prof. Doremus' paper, relating to the Marsh test. The tests for arsenic are the most important we have in medical jurisprudence, and are frequently of great service in connection with insurance companies. There are a number of cases on record where bodies have been buried for a term of years, and some where they have only been buried for a few months, and large amounts of insurance money at stake and suspicion aroused, and the bodies exhumed, and by this arsenic test it has been found that a murder had been committed. I know little about it, except that it is one of the most important things we have to deal with in toxicology.

PROF. HENRY F. FORMAD, of Philadelphia:

I am not competent to speak on poisons from a chemist's standpoint, as it is not in my field of labor, though I am in a field where there is a continuous appearance of arsenical poison. I see it every day. The history of poisons, and the microscopic appearance of the tissues under the effect of poisons has been paid attention to somewhat of late in my laboratory. We have men who have made studies of the histological effect of sodide of potash on the system. I do not know, however, whether this has been done about arsenic.

I am deeply interested in the study of the anatomy and micros-

copy of poisonings, viz: in the gross and histological appearances and changes induced by various poisons in the living tissue.

From observations upon a large number of cases—about fifty cases yearly—I was able to demonstrate to my full satisfaction that that there is an absolutely definite and reliable picture in the naked eye appearance, as well as under microscope, of irritant poisonings as manifested in the stomach; the observations were confirmed in every case by chemical analysis

For the present, I venture to make only a few preliminary remarks regarding these investigations.

The changes induced by arsenic in the living mucus membrane of the stomach are very characteristic. The mucus membrane is ecchymosed from minute hemorrhages peculiarly linear and stellate in appearance and definitely distributed along the course of the perivascular spaces within the swollen mucus membrane. I am in the habit of calling it the alligator skin appearance. It is an appearance differing widely from that caused by other irritants and from that met with in the ordinary acute gastritis. Differs distinctly also from that produced by corrosive sublimate, the latter being more limited to the fundus of the stomach near the cardiac end, and more diffusely red. In acute arsenical poisoning, the chief peculiarity is the uniform distribution, all over the stomach, of the mentioned "*mottled, red, aligator skin*" appearance, readily seen by the naked eye,

Some days after death, or out of the body for some time and in prescribing fluids the characteristic arsenical appearance of the stomach vanishes to the naked eye; but under the microscope they can be told easily. The inflammatory changes in the living mucus membrane, and very peculiar they are in arsenical poisoning, are not destroyed even by time, and are quite plain under proper amplification.

One great advantage of these anatomical or microscopical methods of extermination is, that it gives us the means of discriminating between true arsenical poisoning (during life) and the post mortem introduction of arsenic, if made to cover up a crime. This cannot be done by chemical methods. Poisons introduced into a dead body do not induce any histological changes in the tissue, whatever. There may be postmortem imbibition of arsenic, and chemical analysis gives the same result in both. Arsenic may be in the very glass the chemist is using; it may be in almost anything. In fact, I do not know of any case where a chemist can fail to find arsenic. I only make this suggestion, Mr. President, that the microscope offers a great help to the search for poisons, and that microscopic appearances will prove a great aid to the chemist.

Professor W. M. HUTCHINSON, of Brooklyn, called by

the chair, said: After the exhausting paper by Prof. Doremus there is nothing to say, except that I recommend this method of Marsh's, as being superior to the Russian. I can say this from experience and from the observation of others.

Dr. I. N. QUIMBY, of New Jersey: I would like to say one thing, that the appearances of poison by these minerals are very characteristic. I would like to know the pathological appearance, say after three, four or six weeks. In case of that kind, chemistry, of course, is at a disadvantage. I would like to ask the question: whether a chemist, after a certain period, say a month or six months, has any advantage over the microscopist in this class of investigations?

Chairman BELL: As I understand it, the chemist yields that point at present, but sees in the future progress of his science, that which will be an aid to microscopic examinations.

Professor FORMAD: In case of arsenical poison I have examined bodies exhumed weeks, months and even years after they were buried, and the appearances have been in some cases remarkably good. I would say that we should not be dependent upon the microscopic test, when decomposition has set in.

Mr. CLARK BELL: The question has occurred to me whether there is any method of determining between the arsenic that has been given for the purpose of killing a person, and that which is used after death for the purpose of preservation or, as it is termed, embalming the bodies. This is a very important question, and I am sorry that Prof. Vaughan is not present to discuss it. His paper on the Medico-Legal Points in the case of the State of Michigan vs. Matthew Millard, brings up this question.

Is there any means known to science, by which the

toxicologist is able to discriminate after death, between the poison taken during life, and that used after death for the preservation of the body ? In my own experience in the legal profession, I recall a man who undoubtedly poisoned his wife with arsenic, a man who had previously poisoned two of his other wives by arsenic, who immediately after death brought the undertaker into the house, and went through the process of embalming, by opening the abdominal cavity and filling it with the strongest solution of arsenic, which so permeated and filled the entire body as to perfectly preserve it ; and also put it, as he believed, beyond the power of the chemist to discover or discriminate between the arsenic which he had given to his wife before death, and the arsenic with which he had preserved her after death.

That question was submitted, through the Medico-Legal Journal, to the chemists of the world. It is in response to this inquiry that considerable light was thrown on the Michigan case, and I have no doubt we will hear more from it later. I have had communications on the subject from Dr. Miller, of Philadelphia, Prof. Reese, of Pennsylvania, and some of the great chemists of Europe and our country who have considered it, and the general opinion has been, that by all the means known to science at the present moment, they would not be able to discriminate between poison administered before death and poison administered after death in this manner.

We will pass from this subject, however, for the present. We are very fortunate in having with us a gentleman who has traveled from New Orleans to come to this Congress. I have the honor to introduce Dr. Le Monnier, Coroner of the city of New Orleans. (Applause.)

Paper by Dr. Y. R. LE MONNIER: "Medico-Legal History of the Deschamp Case; Was it Rape, Insanity or Murder?" was read by the author.

President BELL: It is rather late for discussion upon Dr. Le Monnier's paper this morning, but, if any gentleman wishes to discuss it, the Chair will grant fifteen minutes, limiting the debate to five minutes to each speaker.

If not, a motion to adjourn the afternoon session will be in order. You are all aware that a reception takes place in this hall at eight o'clock this evening. Out of town delegates will please leave their name with the stenographer, that we may make provision for their entertainment.

A motion was made to adjourn, which was seconded and carried.

CLARK BELL,

President.

M. ELLINGER,

Secretary.

TUESDAY EVENING, }
June 4th, 1889, 8 P. M. }

THE RECEPTION BY THE MEDICO-LEGAL SOCIETY TO THE DELEGATES.

Steinway Hall was beautifully and tastefully decorated with the shields of the several States of the American Union, embellished with American flags, mingled with the flags of foreign countries.

There was a large and brilliant assembly. The early part of the evening was devoted to music. Mrs. Imogene Brown, the accomplished soprano, sang twice. Miss Veling played upon the piano with great ability and was encored and most heartily applauded.

Herr Nahan Franko led a quartette of stringed instruments, which gave great pleasure.

All these artists were received with enthusiasm and great applause.

An interesting feature of the evening was an exhibition of Edison's wonderful invention, the phonograph, under the manipulation of Dr. J. Mount Bleyer.

After the close of the musical programme, the delegates were introduced to the members, and the evening was spent in social interchange.

MORNING SESSION, JUNE 5TH.

President CLARK BELL in the chair.

President : The session will open with a prayer by Father Thomas J. Ducey.

Invocation to the Trinity, in the name of the Father, and of the Son, and of the Holy Ghost. Amen.

PRAYER.

In Thy name and under Thy guidance, Eternal and Almighty God, the way, the truth and the life, we, Thy children, have gathered together to promote Thy honor, and teach men Thy eternal truths. We ardently desire to prove our love for Thee by the one sure and certain test—the love of humanity. Thou assurest us that man cannot manifest his love for God whom he seeth not, if he loveth not his fellow whom he seeth. In this congress, our object is to elevate and advance, by justice, truth and knowledge, our brothers. The aim, O Lord, of our deliberations is the discovery of truth, and the recognition of the Godhead, for Thee and truth are synonymous. Thou hast taught us, O Lord, that justice is a divine attribute; and, therefore, the science of law unites with that of medicine to formulate adequate rules for the protection of humanity in its multiform afflictions.

Into this union, O Lord, the great compassionate healing art brings its scientific knowledge to the aid of suffering man. This life, a veritable pool of Bethsaida, around which are gathered a large multitude of afflicted ones, whose groans and agonies appeal for relief. This noblest profession of medicine hears the voice of the afflicted and becomes a moving angel, stirs by its knowledge and sacrifice the healing waters of cure and prevention, and therewith soothes afflicted man. At the bed of affliction, in the investigation of the secrets of nature, the physician discovers the truth by the light of which the lawyer acquires his power to maintain the innocence of those wrongfully accused.

How admirable are Thy ways of compassion illustrated by the true physician. Guided by the star of

science and lighted by the lamp of love, he fills the spirit and letter of the law.

Love for humanity and science teaches him everything, and he will endure a thousand fatigues as though they were of no account, and will inquire with the gentleness and solicitude of a mother into everything affecting his patient, and he will never abandon the sick to exposure or neglect. When the physician is not the man of science, and is not directed by love for humanity, when gain be his object, how different the picture!

As a hireling, he will have no care for the sufferer, and his very skill will fail him.

Behold what love and science can effect.

Through Thy power, O Lord, we see how admirable the picture when charity and truth prevaieth, and how lamentable when that spirit is absent from the life of the member of this noble profession.

We pray thee, O God, that thou grant that the great and beneficent profession of medicine may aid the justice-dispensing calling of the law in the amelioration of the sufferings of weak and erring man. Amen.

President BELL: I regret to state that Judge Davis, who was to take the chair this morning, has sent word that he is called to court. I have the honor to introduce as your presiding officer at this morning's session Dr. W. W. Godding, of Washington.

Dr. W. W. Godding took the chair, made a short address of thanks for the honor, and stated that the discussion was to be opened by Dr. Norman Kerr, of London, but regretted that we were not able to meet him; that the President had received his paper which would be read by Mr. Bell.

President BELL: Dr. Kerr is the most illustrious and conspicuous figure on the Continent of Europe on the subject he has selected. I had the pleasure of meeting this distinguished gentleman in his own home, and of visiting the institution he has founded for the care of inebriates in England. I take great pleasure in reading his paper on "*Criminal Responsibility in Narcomania*" in his absence.

Paper was read by Mr. Bell.

The next paper on "*Alcoholic Trance*" was read by Dr. T. D. Crothers, M. D., of Hartford, Conn.

The next paper on "*License Laws*" was read by Carl Horsch, M. D., of Dover, N. H.

The next paper, by Dr. T. L. WRIGHT, of Belfontaine, O., was read by Dr. S. Tucker Clark, entitled "*Drunkenness; Its Influence on Morals*," in the absence of Dr. Wright, the author.

President BELL: I will make the suggestion that as we have passed through the subjects of alcoholism and inebriety, and the next paper takes up an entirely different subject, that we proceed to the discussion of the prior subjects before passing to the next

The paper on Suicide was laid over until after the discussion upon the subjects of alcohol and inebriety, by consent.

Chairman BELL: I trust that the gentlemen who propose discussing the papers will kindly give me their names, as it is my misfortune not to know personally many of the gentlemen present.

Dr. I. N. QUIMBY. I did not hear Dr. Kerr's paper, and I cannot fully discuss it, but I am glad that we have such advanced thinkers as Dr. Kerr, of London, and Dr. Crothers, of Connecticut. Some may consider the papers of Drs. Kerr and Crothers as speculative, or extravagant, yet, as time advances and investigations are made it, will be found that these savants are correct in their deductions—are living a little in advance of their generation, that we to-day are making mistakes in our treatment of inebriety and the inebriate. We do not punish the insane or the idiot for crimes committed, because mentally defective, yet the *inebriate*, who is *equally defective* through disease for the *time being*, and entirely incapable of self-

control, is convicted, punished or hanged. I think the whole legal and judicial system of this country ought to be reorganized on a more intelligent and higher plane of Christian civilization, more in harmony with the recent investigations of science. Our present treatment and punishment of the inebriate represents the era in which "an eye for an eye, a tooth for a tooth," was the rule and two wrongs made a right ; the cold application of the letter of the law while the spirit of humanity and justice was disregarded. This is not in accord with the advances of the nineteenth century. (Applause.)

It is an outrage that society is so organized that instead of putting out of reach the principal cause of crime, it rather permits and protects it. (Applause.) After teaching them, thousands of our fellow citizens, to be come inebriates, and leading them into criminal paths, we punish them for the very things we have taught them. Does not the State by license law enable her agents (the saloon keepers) to establish themselves in every city, town and hamlet, through which means intemperance is encouraged and promoted, thus becoming *particeps criminis* in drunkenness and its consequences, by those who have lost their self-control? I hold, Mr. President, that it is contrary to the civilization of the nineteenth century that such proceedings should be tolerated, and I never go before a court and see a criminal tried who has committed a crime in a state of inebriety but that I feel that the State should be punished, whenever a drunken murderer is convicted. I feel sometimes that the State and the jury should be punished rather than the inebriate who committed the offence.

It is the first duty of Government to protect society, therefore Government should do all in its power to

stop the manufacturing of inebriates by stopping the sale of alcohol as a beverage.

The establishment of saloons all over this great land of ours, is antagonistic to the genius and spirit of our government. This great country was established upon the broad principle of the greatest good to the greatest number, and we should never forget the fact that the saloons are nothing but pit-falls in which the weak and the thoughtless are entrapped, and we must remember the further fact that we *are* our brothers' keepers.

Mr. President, this is a subject worthy of thought, and should not be lightly passed. I am sorry that so many speak in reference to the matter, without having taken pains to investigate it. I am sorry that the lawyers and judges, mechanically, as it were, apply the law in following strictly its letter, and that they cannot dispel the illusion that the inebriate is a person who merits the same application of the law as the criminal not addicted to intoxicants. They apply the law, but they forget the true spirit and intent of justice.

In regard to the subject of brain-lesion, I fully agree with Dr. Crothers that it is very difficult to find. I have during an experience of thirty years made many *post mortem* examinations, and have often tried, by the closest inspection, to locate the lesion, but often failed. This peculiarity is well stated by Dr. Crothers in the case of the horse thief. The explosive impulse to steal seemed to be second nature to the man. He was the offspring of drunken parents, yet the grand jury which tried him paid no attention to his previous history or condition, and he was barbarously and unmercifully hanged. But it is said that such men are dangerous to society, and if they commit crime they must be punished—if murder, they must be hanged. There is something in this that

needs answering, but I hold that this class of persons should not be dealt with as was the horse thief. As long as society willingly promotes drunkenness, by and through its license laws, the State should make some provision other than the prison, the jail and the almshouse, to take care of its wards, by enacting laws and establishing inebriate asylums, through and by which the inebriate could be arrested, confined and *treated* for his disease. (Applause.)

That is all I have to say, except that I believe most heartily that this paralysis which takes place in the mind is as certain and as sure as that any narcotic can paralyze any organized time. We can just as easily destroy the faculty of man by alcohol as we can put him to sleep with an anæsthetic. Now, that being so, what is the use of denying the fact that a man is a mere automaton, and is not responsible for the crime he commits, while under the influence of alcohol?

I hope that these papers and the principles they enunciate, will be read and discussed throughout the civilized world, as they are of great importance to mankind. I think if this Congress has done nothing else but bring out these two papers, it has good cause for assembling.

Dr. W. L. TUTTLE: I have just a few thoughts that I wish to present. I did not hear the first paper, but the last two and part of the one that refers to the horse thief. We had portrayed in the last paper very clearly the effects of alcohol on the human brain and system. That was a well written paper, and, I should think, absolutely correct. As regards the paper immediately before that by Dr. Horsch I do not disagree with the gentleman in toto, but I come so near it, that I will just say what I have to say without answering it *seriatim*.

In the first place, we are not in Germany. (Applause.) We have Irishmen here and those of other lands who are not quite as gentle and easy going, who cannot take their liquor coming from church and go home and be very comfortable with their families. We do not live in a country where people do that way. When they drink whiskey, and beer and porter, and those things to any great extent they do desperate things.

A license law that could be properly restricting, would be a very good thing, but we want to come to a point where we can make men responsible for their acts. If a liquor dealer sells a poison to a poisoned man, with a poisoned brain, and the man kills his wife or friend, let the dealer who sold it hang. (Applause.) We want no irrational laws revived, but we want the men who are licensed made responsible for the actions of the persons to whom they sell their poison. Let it be opium, let it be strychnine, or let it be liquor; whatever it be, let those who sell it be responsible for the action of their customers. If a man sells liquor to a drunkard, and he beats his wife, let the liquor dealer be made responsible for that.

I think we should get down to the bottom, and correct the popular sentiment. Let the people feel that the person who deals in this poison is really the one who should be responsible. When we have done this the abuse will be largely a thing of the past.

CHAIRMAN—Ladies and Gentlemen : It gives me great pleasure to present Father Ducey.

FATHER DUCEY—*Mr. Chairman, Ladies and Gentlemen:* Accept my sincere thanks for the benefits you have conferred on me to-day. It is an honor and a great privilege to be taken into your councils and to have the opportunity of hearing your humane and wise produc-

tions in the interest of man's advancement and protection. We, the ministers of religion, are received as the accepted instructors of humanity. We are supreme in our sway while in the pulpit, and there is no one to dispute or question our interpretation of truth and duty.

To day, in this assembly, gathered in the interest of humanity, I have listened to truths breathing the highest religious life, and manifesting the sincerest love for God and one's neighbor. Your sermons have been able, scientific and humane. I could not question them if I would, and I know they must be productive of great good. (Applause.) I feel assured that no one can go forth from this Congress not strengthened and instructed to more wisely and humanely preach by word and deed truths of God and the love of humanity. (Applause.) It occurred to me while listening to the various papers read and the discussions which followed, that you are earnest laborers in the cause of God and truth. Men may differ in the acceptance of certain religious tenets, but they have a common basic principle of religious belief and moral direction. The Christian professes to believe in one God, a supreme and divine presence. The Christian belief is contained in the Apostle's creed, and the moral code in the ten commandments. The large Christian spirit of our day as your deliberations show, demand from the Christian believer and Christian teacher a broad and practical sympathy with humanity's woes and humanity's growth. We must teach the truth and live the truth, and make the rich and mighty feel their obligation and responsibility to their less favored brothers. The ministers of religion must not be the hirelings of wealth and power; it is their obligation to fearlessly point out to them their duty. This congress, in which religion, medicine and law have assembled to form a

trinity of action, for the preservation of morality and the perpetuity of truth is worthy of admiration and recognition from angels and men.

You are doing a noble work. You are illustrating the two great commandments of the law—the love of God and that which is inseparable from His love ; the love of our neighbor. You show that you wish to see God's kingdom come on earth and His will to be done. You wish to teach man by science and religion that it is not God's will to have ignorance, poverty and vice reign on earth, to the confusion and destruction of humanity. Truly, yours is a noble work. Go on in triumph. God must bless you, and men should support you. I thank God for the privilege of being here and listening to you to-day, and I can go forth to duty encouraged by your words and strengthened by your example.

CHAIRMAN : Twelve o'clock has arrived, and we have another paper to read, and I would therefore suggest that speakers be limited to five minutes each. It is important that all sides be heard, and the subject is still open for discussion.

Mr. W. A. BARNES : I would like to request Mrs. Julia Thomas, who has given a thought to this subject, to say something to this Congress.

CHAIRMAN : I think I may say, in behalf of this Congress, that the ladies have the floor.

MRS. JULIA THOMAS.

Mr. President and Members of the Medico-Legal Jurisprudence Congress : It is an unexpected honor to be invited to speak before this learned body, and while appreciating your courtesy, regret my inability to add anything of importance to the discussion.

I have been a most attentive listener to the paper

presented this morning, particularly to the sound and practical reasoning of Dr. Norman Kerr. Having read his articles on the treatment of Inebriety, and his Report of the Investigating Committee appointed by the London Societies to ascertain the effect of Temperance, Total Abstinence, Habitual and Moderate Drinking upon Longevity, and the effect of alcohol upon all diseases, and the moral and mental, as well as physical effect upon the subject, also the recommendations for treatment of patients suffering from inebriety.

I deem it a matter of congratulation to the cause of civilization that the International Medico-Legal Congress—this concentration of mind and thought—representing the greatest power on the face of the Earth—recognizes the fact that a DRUNKARD is an INSANE MAN, prone to do the deeds of insanity, as dangerous to the community, and that he should be subjected to the same treatment as the insane. First of all to *protection*, 1, from *himself*; 2, from the *rum-sellers*, who are so devoid of *honor* and *principle*, and *decency* that they will continue to sell drink after drink to the poor crazed creature so long as he has a penny with which to enrich their greedy coffers. So demoralizing is this insanity-breeding traffic. Protection also for those who are exposed to the insane inebriate's brutality, and further that this body recognizes the still more important fact that the inebriate is not alone responsible for the crimes committed while laboring under temporary insanity—the *cause of which* our government *legalizes* when it licenses the sale of *poison* which intoxicates and makes *mad*. (Applause.)

But, I would go further than the speaker who says that the liquor seller should be held responsible with the criminal whom he has made drunk, I make the Board of Excisemen equally responsible.

The first duty of the State is to PROTECT its CITIZENS, not to destroy them. Then why should the cloak of "*Protection-by-law*" be thrown around the rumseller, the Excisemen and the law-makers, while the insane inebriate, whose will and moral strength has been *mastered* by a most *terrible disease*, which has been *nurtured by the government*—the result of this "protection by the law." Why, I ask, should he suffer the full penalty of the law, and those who are abettors allowed to escape punishment? Is it just? Is it humane?

The speaker from New Hampshire (Mr. Horsch) thinks we should enforce the law preventing minors from becoming drunkards. Truly, it would be a grand thing for future generations if *drunkards only* could obtain liquor, especially so, if we can have them treated as insane, and at the same time hold the rumseller responsible. We should then quickly rid the earth of the great army of insane inebriates who, as we are shown by statistics, die at the rate of 100,000 annually in America!

This army would soon become extinct were it not for the recruits from our young men and minors and *moderate drinkers*. The question of inheritance which enters so largely into the discussion, seems to have been most generally ill comprehended by our sanitarians, law-makers, doctors and philanthropists. According to good authority *other diseases* than alcoholic intemperance in the parents may beget in the offspring an abnormal condition or appetite which will lead to inebriacy, and alcoholic intemperance may beget *other diseases* in the offspring than inebriacy. It is a fact, as it has been stated, that the greatest cause of nervousness, besides many other diseases in men, women and children, is traceable directly or indirectly, to the alcoholic and nicotine poison entailed upon offspring by intemperate parents, and

those who make a continual use (though not to intoxication although under constant effect) of these stimulants or poison. If this is true, then is it indeed time for medical and legal men to sound the trumpet note of warning.

I should be glad to see alcohol placed in the right category, classed with other poisons, and I accord with the sentiment that he who sells it should be treated as the druggist—made responsible for its sale. Gentlemen, when you have educated public sentiment to this standard, you will have justly restricted the greatest cause of crime and vice and suffering and rendered the greatest benefit to philanthropy, humanity and good government. (Applause.)

WILLIS A. BARNES: Among the very important questions which have been and will be presented to this Congress, I think there can hardly be a more important one than this: Does the law of inheritance include inebriety? It may interest the Congress if I present a case. I had a friend who became a periodical drunkard. He was a man of high intellectual ability, with a most perfect physique and health. He married, at twenty-one, a lady of high moral and intellectual character. Their first child, a male, was conceived and born under the most acceptable moral conditions. Later, when under the influence of a long alcoholic debauch, another child was brought into being, a female. These children grew to manhood and womanhood; the boy an honor to his family, his college and to society. The girl, on the contrary, developed methomania, with strong tendency to nymphomania. Does this not prove that alcoholic mania is inherited?

MRS. M. LOUISE THOMAS.

Mr. President—The moral phase of intemperance is one of absorbing importance to the world and to the individual, but it is not the moral aspect of the subject we are called upon to discuss to-day. The Medico-Legal Society was created to look boldly, fearlessly, searchingly into every form of evil which the two schools of science can ever by any possibility be called to treat. We must not be afraid to hear both sides of any question, and in doing so to keep our minds absolutely free from mere prejudice and intolerance.

To my mind the paper from the gentleman from New Hampshire is full of important statistics and impressive statements. While I should not perhaps agree with him in the value of the beer industry, his views are doubtless those of a very large body of our good citizens, and as such are worthy of a respectful hearing.

The gentleman from New Jersey evidently does not think so. It seems to me that he would aim to gag free speech and stifle scientific research under the cover of temperance zeal. Surely this is not wise in a scientific body like ours, and is to be regretted.

One speaker begs to remind the gentleman from New Hampshire that we are not in Germany! That is very true. We are not in Germany, but we are in the United States of America, and the very name stands before the world as a synonym of many nations in one—a union of all the people of the earth, to all of whom are pledged personal liberty and freedom of speech.

The medical and the legal lights of this Congress will not be afraid to defend these Constitutional rights in dealing with any question before it.

It is true that we are not in Germany, but it is also true that we are in the third largest German city in the

world, for there are but two cities in Germany having a larger German population than we have Germans in New York. That they are an industrious, honest, useful class of citizens no fair-minded man will deny, and that they compare well with other classes of the community, our late Centennial illustrated most distinctly. Therefore we will give them a respectful hearing even when we do not quite agree with them. We will give impartial hearing to all questions that come up, and we will not turn our Congress into a mere temperance society. (Applause.)

The Medico-Legal Society seeks to reform the evils in the world in a scientific manner. Ridicule is not argument.

All the papers read to us this morning have been full of patient thought and study. That by Dr. Crothers is a marvel of wise and suggestive observation. Out of his wide experience he tells us that the diseased, nervous condition of the drunkard clearly shows that he must not be held responsible for his actions. How wonderfully he traces the progress of the disease, the fever creeping through the veins, the deadening of the nerves, the weakening of the tissues, the gradual loss of will power, and the going out of the light of reason ! There is not even a touch of sentimentality in his method of treating the grim subject, and yet how frightfully graphic it all becomes in his hands, with that ray of light behind and around it which comes with the hope that any question fully understood may be within the line of cure.

Gentlemen and ladies, the unfolding of thoughtful papers like these gives to us the strongest possible hope that the enormous evils of drunkenness will be solved so soon as the public mind takes cognizance of the dangers

of a free use of intoxicants. A full knowledge of these consequences would be worth ten thousand license laws whether high, low or prohibitory, for the reason that that which is grounded in the intelligence of the people needs no restraint.

Let us teach the children, and the fountain of vice would soon be sapped and turn dry. The growth of human life is upward toward the light, and the things we have most to fear for it is ignorance, stupidity and unbridled appetite. If drunkenness is a disease, and insanity its offspring, we will by the divine right and power vested in the Medico-Legal research, find the place where it lurks, heal its victims and purge the world from its direful effects by beginning at the source and educating the children until the whole nation shall be redeemed.

CLARK BELL, ESQ.: Mr. Chairman :—The question Dr. Kerr raises as to whether inebriety is to be considered as a disease, is one of great importance, and I am glad to see it is being so thoroughly discussed in England at the present time. It is claimed that drunkards, who are confirmed inebriates, are not responsible for their actions in certain cases, and this has been held in some of our courts, and has been breathed into the spirit of the New York Code, and judges are looking into that sentiment which inspired Dr. Kerr, but which has not yet been fully recognized or considered as the law by the judges. It is an admirable paper, and I am glad to have it presented.

I am particularly pleased with the paper by Dr. Wright. Dr. Wright makes allusion to my views quoted from the Medical Jurisprudence Inebriety, but I think it is proper for me to say that those views were prepared in a paper for the Medico-Legal Society, and printed in the volume from which that gentleman

quotes. I cited what I believe to be the present existing laws of this country and of England upon this subject, without any comment, pro or con, and the article which he quotes is a statement of what I deemed to be the law, and not an expression of what should be the law. The law assumes that when a person knowingly and of his own accord puts himself into a condition where he knows he cannot control his actions, he is to be held responsible for his actions while in that state. But we are now beginning to look at the question in another light, and the judiciary and the legislatures are slowly recognizing the fact that there is such a disease as inebriety; that it is an absolute disease; that it affects the brain, frequently dominating the will, and must be treated as insanity is treated.

PRESIDENT BELL, resuming the Chair: I would like to ask Dr. Godding to say a word on this subject before he leaves us, as he is obliged to vacate the chair to meet an important engagement.

DR. W. W. GODDING.

I have not thought of saying a word on this subject. I have been instructed beyond my expectations in the several papers that have been submitted. I want to say, as a practical expert in insanity, to which I have given thirty years of my life, and it has been my misfortune in that time to study a great many cases, that I can only partly agree with what the professor says in regard to the alcoholic trance. I have no question that many crimes are committed in a state of entire stupor, but I have seen the opposite illustrated over and over again. I have seen inebriates perform actions—not automatically, as the doctor suggests, but with a full knowledge of what they are doing—and in a few days

afterwards, they would not have the slightest recollection of what they had been doing. But what I rose for was, perhaps, to speak outside of the papers.

What are we going to do on this subject? For that seems to be the practical question, which I hope this Congress will reach. In Washington there is no law against drunkenness. Drunkenness is not a crime, is not an offense under the laws of Washington. We propose to have a law there which shall pronounce the inebriate incapable of caring for himself, and give us authority to place him under guardianship, and establish there a national institution, so far as the District of Columbia is concerned, where these people can be sent as persons needing care, and where they can be detained against their will, which heretofore has been the main obstacle in the most of these inebriate asylums. Labor can also be made compulsory, and we propose to put the institution under the care of some great physician, and make there a large national institution, which, I hope, will be a national success.

Dr. CARL H. HORSCH: To the opponents of this proposed law for the regulation and right use of alcohol and its beverages and the prevention of abuse, I wish to say that I thank one of them for the acknowledgment of the good mental conditions of my countrymen, and I hope that the other honored member will follow the example of the "cool-headed, easy going Germans," especially in a discussion, and an effort for a more effectual law to prevent drunkenness. May he also consider that rant, repetitions and wasting the allotted time from other members manifest mental inebriety and selfishness.

President GODDING: The discussions on these interesting papers would last for a half day, but it is getting so

late that we will be compelled to proceed to the next paper, which is on suicide, by WM. LANE O'NEILL, Esq., of New York.

The paper was read by the author.

Discussion on this paper was postponed, by reason of the lateness of the hour, and morning session adjourned.

CLARK BELL,

President.

M. ELLINGER.

Secretary.

(The residue of the Transactions of the Congress will appear in the December No. of this Journal, and in full in the Bulletin of the Congress.)

THE BANQUET.

The closing ceremonies of the International Congress were held at a Banquet given on Friday, June 7th, at 7.30 P. M., at the Hotel Marlborough.

The President, CLARK BELL, Esq., in the Chair.

The hall was beautifully decorated with the shields of the American States, and the flags of all nations commingled with the American flag. On the right of the chair was the Hon. Chas. A. Dana, Gov. Biggs, of Delaware, Jos. Howard, Jr., of the press and prominent representatives of the leading societies and journals. On his left was Hon. Ellis H. Roberts, United States Treasurer; Hon. Noah Davis, Mrs. Clymer, President of Sorosis; Prof. John J. Reese, Mrs. Louise M. Thomas, Ex-President of Sorosis; Coroner Le Monnier, Mr. and Mrs. Thos. Chalmers, and prominent artists and members of all the professions and a large company.

The Rev. Dr. Thwing said grace.

President CLARK BELL.—Ladies and gentlemen, the courteous manager of the Marlborough Hotel, (Mr. Blanchard), if he had his own way, might occupy the whole evening in serving this superb banquet, but, as it is getting late, I propose to interfere with the programme, and introduce the post prandial feast before the supper is ended.

Now, if there is one thing any more than another, that is omnipotent and influential, in the dissemination of what we believe to be the truth—speaking in a purely medico-legal sense; it is the press, is it not? (Voices, Yes, yes.)

We look to the press of the future, as we have,

fortunately, in the past, to illustrate in its efficient way, which its managers know so well how to do the work that is to be accomplished in our day, and we hope to secure in the future that splendid aid, it has given us in the past. It is our good fortune to have with us this evening a gentleman who has been with the journalistic profession so many years, Mr. Joseph Howard, Jr., and who has been always one of the brightest ornaments of his profession. I shall ask him to respond for the "Press," because of his conspicuous relations to it in general, and the newspaper called the *Press*, which is making such steady advances in popular appreciation through the influence of Mr. Howard's popularity as a writer.

MR. JOSEPH HOWARD, JR.

expressed the greatest possible surprise that he had been called as the first speaker on an occasion like the present, especially when the Nestor of American journalism was at the Board, where that silvery-haired and patriarchal Governor of Delaware was present, not to speak of the eminent men seated about the tables. While conceding that the *Press* had a good right to first place on most occasions, he assailed the Chair for honoring him with the opening of the post prandial feast for which, he insisted, he would be better prepared later on, and after he had heard the inspiriting and intoxicating voices of Dana, and Biggs, and Davis, and Roberts, and such of the ladies as he had reason to believe were to grace the occasion by their eloquence, as they had already done by their presence, their grace, and those charms which had ever made women loved and revered among men.

He conceded that he had not before heard of the *Press* being first toasted at a public banquet. It was usual to toast the press after every one else had been called but the "ladies." He wondered at the courage,

or rather, the audacity of the Chair to thus call the *Press*, and set at naught all the traditions in this bewildering way. If he had his way, he would call "ladies" first of all.

He spoke in eloquent terms of the work of the Medico-Legal Society in harmonizing the two professions in this city, and dwelt in a felicitous and irresistibly humorous way on how much lawyers and judges needed such influences, and of the benefit to the medical profession received from the society.

He complimented the Chairman on his relation to that society and those labors.

He dwelt at length and with eloquence upon the meritorious work of the Congress that had just closed its labors, and spoke of the influence such gatherings must have on the advance of a science so sadly neglected.

He paid a graceful tribute to the legal profession, and the influence it exercised on the civilization of a people, but did not fail to point the shafts of his satire upon its members who fell short of the high standard he insisted upon for the Bar.

To the medical profession, Mr. Howard was not quite as kind or complimentary, but he believed that the mission of the physician was high, and he hoped to see the standard of medical education advanced, and the day come when the doctors would fight out their battles under the Marquis of Queensbury rules, and give no blows below the belt.

Mr. Howard is one of the most graceful and winning speakers after dinner, upon the New York press. He was never in better form, never more eloquent, more witty, or more enchanting in manner or substance. It is a source of regret that we are unable to give his speech as he uttered it. It will not soon be forgotten by those who were present.



ROGER FOSTER, ESQ.
DR. CHAS. F. STILLMAN.
DR. FRED. PETERSCH.
ALBERT BACH, ESQ.
W. W. GORRING, M.D.
W. G. STEVENSON, M.D.
DENNO LOWRY, ESQ.
PROF. R. O. DOREMUS.
DR. CHAS. MILNE.
DR. J. MOUNT BLEYER.
DR. FRANK H. INGRAM.
R. B. KIMBALL, ESQ.

Chairman BELL.—Ladies and gentlemen, I hardly dare tell that at a recent session of the Executive Committee of the Medico-Legal Society, whose portraits have been produced by the wonderful genius, Theodore Wuest, and adorns our banquet hall this evening, it was decided, by the bare majority of one, the speaker, I think, casting the controlling vote, that Mr. Howard, who has addressed you, should be allowed to have his say first at this banquet in honor of the press. (Applause.)

But, turning from this levity ; you know the struggle that has been going on in this society to extend its membership into all the States of the Union, and that Delaware was one of the first American States to respond and be represented in the Medico-Legal Congress. Whatever may be said of Delaware, either in censure or praise; whatever may be said of its care of the insane, of its whipping post, of its laws in regard to the legal age of consent in girls, there is a man at the helm of the State of Delaware whose heart is on the right side, who was born to be one of the best advocates and exponents of medical jurisprudence in this country. I wish to propose here that Governor Biggs be made an active member of the Medico-Legal Society. It is all nonsense making him an honorary member, and it is not the thing to make him a corresponding member. He is one of the most active persons in the State of Delaware, and if we want to accomplish anything in that State we must have him with us, and if there be no objection I now move that he be elected an active member of the Medico-Legal Society and of the Congress. The Chair hears no objection, and the Secretary reports that he has been unanimously elected. (Applause.)

I want to introduce to you a man, for whom I have the greatest personal respect; that magnificent feature

of our Centennial Celebration, who, in passing up the Fifth Avenue in that wonderful procession received, I think, more attention than was bestowed on any Governor from any other State, who honors our Congress and our banquet by coming from the capitol of his State to-day to be present at this banquet, and give his assent to this superb movement we are making to bring medical jurisprudence into its proper relation with judicial administration in the American States. I introduce to you Gov. Biggs, of Delaware.

Three cheers were proposed and given in honor of Governor Biggs.

GOVERNOR BIGGS.

Mr. President, Ladies and Gentlemen: Such an eulogy, emanating from such a distinguished man as Clark Bell, of New York, is enough to take a modest man from his feet. When he spoke about my State; when he referred to her whipping post and to other laws which we have upon our statute books, I felt not at all embarrassed, because we have no penitentiary in the State of Delaware. (Applause.) But we have a whipping post, a better penitentiary than was ever instituted in any State. It is established by a law which was passed by our ancestors, and which we adhere to. No man who respects the law will ever be brought to the whipping post, and in honor of the Anglo-Saxon race I must say the record shows that no white man was ever brought to the whipping post in Delaware a second time. He leaves the State and emigrates to some other State or Territory. (Laughter.)

I have no doubt that my distinguished friend upon the right, (Mr. Howard, of the press), who has entertained us so eloquently, will, in the next banquet that takes place in New York, assert that the guilty man has come

from the State of Delaware. Thank God there never was a white man whipped a second time in my State.

When the colored people were made voters in 1870, I confess, my State did not show very well, because of the want of education. We never had admitted the colored people to our schools. With all respect to the lady on my right, (Dr. Moshier), who said I must take care how I speak of Massachusetts, as she was two-thirds Yankee, I will say that I was given a book on Massachusetts when in Congress by Mr. Hooper, who said, "I want you to read it." It was as large as a Bible, but I read it. It was the Annual Report of the State Constables to the Legislature of Massachusetts, that good old "Bay State" of Massachusetts, and in it were reported 1,900 crimes committed in one year. My friend, the doctor, shakes her head, but smiles, and I know she will not be angry at the truth. I might mention some of the crimes committed in that intellectual State of Massachusetts, such as defacing tombstones, stealing chickens on Sunday, refusing to pay your railroad fare, and found selling wood below measure, etc. I could read no more, it was enough to make one wish we had them in Delaware for correction at the whipping post. There are no such crimes committed in the little State of Delaware. It is a most salutary law in its work, and protective operation. Let any man come to my State and obey the law, and he will never get to the whipping post. Why, my dear sirs, the State of Delaware is living under a constitution that is fifty-three years old. It is styled by some "old-fogyish," with the honors paid the courts and all powers vested in the hands of the Executive. We have no veto power—the Executive only the pardoning and appointing power.

Now, Mr. President, I have been called up second, and

I want it so recorded. Of all the banquets I ever attended in the State of New York I never before had the exquisite pleasure of meeting the fair sex at the table. It shows, to my mind, that we are increasing in civilization, that we are progressing. Why, if a man was in the greatest mental agony, and were here to look upon the sweet smiles of the gentle sex now around us, he could speak, if he was a dumb man and say :

“ Without the smiles from partial beauty won,
Say, what was man ? A world without a sun.”

Just imagine a world without a sun ; imagine a banquet in New York in the future without the ladies. Imagine Dana without his *Sun*. Why, Dana made the *Sun*. Mr. Dana's name will go down to posterity when this prattling tongue of mine has long since ceased, as the maker of that successful journalistic luminary.

I feel honored at your remembrance of the fact that our little State was the first to enter the Union, and it also was the only State that signed that Constitution unanimously—without a dissenting voice—and, by the grace of God, she will be the last to abandon it. (Applause.)

But, we are now in New York, and this is certainly a great city. There is no France without Paris; there is no England without London, and, disguise it as you may, there is no America without the City of New York. (Cheers.) New York is a credit to the nation and a credit to the world.

You have plenty of rich men here, and when they want a yacht built where do they go? To New York or Pennsylvania? No, sir. Mr. Vanderbilt and Mr. Gerry both came down to the State of Delaware, to the City of Wilmington, and we made their boats, which are the wonder and the astonishment of the world. The State

of Delaware is always ready with its skilled workmen and mechanics. You all know this, even to Mr. Roberts, who holds the purse strings at New York for the General Government, and Judge Davis, who sits there, looking as modest as when he was asked to take a seat between those two ladies. You have obeyed, sir, because you were within the jurisdiction of the Court. (Applause.)

Now, gentlemen and ladies, and ladies and gentlemen, I thank you kindly for this honor. When my friend Bell, on a previous occasion, sent an invitation for me to come over, I had official engagements, once or twice and I could not come, but I made up my mind that if it was possible I was determined to come on this occasion, especially when I learned that ladies were to attend the banquet.

As to the professions represented here, the doctor is the first one we have in any kind of sickness, and he is the last man on God's earth whom we think of paying when we get well. I cannot say that about the lawyers. They have what they call a retainer. It is possible that in New York, where you have so much money, that the doctors are also the lucky ones, and may get a retainer. I do not know how that is; but one thing is certain, that this meeting will be published to the world, with Clark Bell as President of this banquet, and the International Medico-Legal Congress will live in history. I am a member of it, and the first thing will be to find out the name. We will infer that there are some fees connected with it. (Laughter.)

But Mr. Chas. A. Dana is gasping, and wondering when I will stop, while Judge Davis has his hand upon the table ready to spring up, boy-fashion.

Now, let me say to the professional men, lawyers and

doctors, that although I am not a professional man myself I love to come before professional gentlemen, and I love to come to a banquet where the ladies are so well represented. The State of Delaware, too, feels that she is being present at this meeting. I wish to say to Mr. Howard, on my right and Mr. Dana, on my left, that the State of Delaware feels honored at being represented by her chief executive on this occasion. It shows that New York respects her. New York, with a population of seven million people, gave Delaware, with less than two hundred thousand, the right of line on the great Centennial parade. While marching up Fifth Avenue I looked behind, and saw the great State of New York coming way down the street, behind the little State of Delaware. (Laughter, and great applause.)

President BELL : I propose here that you permit me to offer to this gallant son of the first original thirteen colonies to join the government of this country, that I give him, as a memento from this International Medico-Legal Congress, the shield of his State, of Delaware, which now adorns our banquet hall, which gives the date of its birth with the flags around it and the wreath, that we present them to Governor Biggs, of Delaware, as a memento of his coming from the capitol of his State to be present at the first Congress of this Society of Medico-Legal Jurisprudence in America. I hope that the vote to give him these flags, with the shield of his State, will be as unanimous as was the vote of his State to join in the original Constitution of the American States.

The vote was unanimous and enthusiastic.

President BELL : Governor Biggs, it is unanimously voted that the flags and shield of your State be presented to you.

Gov. BIGGS : I thank you, ladies and gentlemen, for that very kind and unanimous vote. I will accept these mementoes of my visit, take them to my own State, the flags and the shield, and have them hung up at the Capitol of the State, and shall say to those who visit the Capitol, "See what New York has done for Delaware."

President BELL : I wish to introduce to you a man who is not only a close observer of his own profession, but who takes an interest in nearly all other worthy objects; a man who can see what our Society strives for and aims at in the future in the field of Medical Jurisprudence on the American continent, and its influence in the world. I have the pleasure, ladies and gentlemen, and I esteem it a very great honor, to introduce the Hon. Charles A. Dana. (Applause.)

MR. CHARLES A. DANA.

Mr. President, Ladies and Gentlemen : There is cause for sincere congratulation in the assembling of members of a body such as this. Whatever tends to increase the intelligence of man and woman, is a public improvement, and certainly there can be nothing more worthy of attention than the assembling of representatives of law and medicine in the cause of medical jurisprudence. There is nothing which better facilitates an increase of knowledge, and there is nothing that lawyers are so destitute of as knowledge of man. For these reasons, I think this is a meeting of great significance. It not only looks to an improvement of the public condition, but it looks to greater benefits in the science of medical jurisprudence of the law which regulates the relations of men to physicians, and of physicians to men, the law which regulates the science which governs life and death.

There is no individual in this country who has done so much to promote a public interest in medical juris-

prudence as the president of this society, Mr. Clark Bell. He has labored in this cause without cessation and without despair for many years. I have watched his course, and I know the result of his efforts. I have seen it particularly in a large and handsome volume of the Transactions of the Medico-Legal Society, which has lately been published, and which I have read with the greatest interest and attention, not only for the scientific knowledge that it sets forth, but for the hope it gives of far better things for the future.

Ladies and gentlemen, I think that while compliments are being passed around, and we have had the eloquence of Mr. Howard and Governor Biggs on this subject, we ought to pay some attention to this society and its president, and I beg, therefore, to offer the sentiment: Health, long life, prosperity and a perpetual increase of appreciation for Clark Bell. (Applause.) It was drunk with all the honors, and Mr. Bell was called upon to respond.

President BELL: Ladies and gentlemen, there can be no higher praise or greater compliment than these kind words from Mr. Dana, but I must not be betrayed into saying anything personal to myself. I beg to call your attention to what necessarily lays very closely to the subject of the advancement of science, and that is the question of finance. The help of these men of money and money-bags is very essential; without them we can accomplish nothing. They underlie all the successes in journalism, in railroads, in commerce, the arts, the development of our country and the other great achievements of the time.

It is our good fortune to have with us to-night the man who carries the purse-strings of the nation in our city, who has come to New York to guard the money

vaults of the national treasure. Before I let loose upon you this man, who has won great distinction in his native state for his high abilities, let me say that whatever he may say against the advancement of medical jurisprudence in America, you must not be led astray by his eloquence from that line we are all pursuing.

Hon. Ellis H. Roberts, ladies and gentlemen, needs no introduction in his own State of New York, or in the city of New York, which is to be his home in the immediate future. (Cheers.)

HON. ELLIS H. ROBERTS.

It tends to make a man modest, if he is not modest already, to be told that the sole reason why he is called on an occasion like this is because he is to look out for Uncle Sam's loose change in the city of New York.

I esteem it a privilege, ladies and gentlemen, to be permitted to look in upon you, and see how perfectly in accord high thoughts are with very good living. Although the pressure of my public duties did not permit me to be present at the sessions of your Congress, I have been greatly interested in the programme of your exercises, and have tried to follow the line of your studies.

I do not know, Mr. President, whether the chronicles of your society go back to the original medico-legal meeting or not. If I read aright, that first meeting

“brought death into the world, and all our woe.”

There a subtle personage argued that law may be defied with safety. A banquet followed when the fruit of the tree of life was eaten, and woman presided at the feast. The contrast with your Congress marks the whole march of civilization, for your discussions seek to discover and apply law, and to enforce its obligations.

So, if my memory of Homer is not at fault, he reports certain medico-legal discussions on high Olympus, where goddesses, as well as gods argued the fate of men and states, of Hector and Paris, of the brass-clad chiefs of Greece and Troy. But I question whether your congress would accept the doctrines of equity and morality set forth in those divine assemblies.

Now, whatever may be the relation of those preliminary meetings to this Congress, seriously, it becomes us to rejoice at the alliance of law and medical science, and to that specialization which has done so much to make our century what it is. The division of labor which has wrought wonders in mechanism, may, by the special studies of gifted men, in other spheres develop mastery and bear rich fruit. By such studies you are working upon the grave questions where medical science comes into intimate relations with civil law, and where the state is concerned with medical cases. Let me congratulate the Congress on the great and high purpose which it has exhibited, and express the fervent hope, as my distinguished friend, Mr. Dana, has suggested, that this is but the beginning of a work, which is to go on more and better, so long, certainly, as the life of our good friend and president, Mr. Clark Bell, shall continue.

Let me thank you again, Mr. President, for the compliments you have paid me, which I must consider due to your good nature, rather than any merit on my part.

PRESIDENT BELL.

Ladies and Gentlemen : It is impossible for any one to withstand the praise which your chairman has received from the speakers upon the question of women. It is a fact that this society has led the van in the movement

of allowing women to be present at their general public banquets, which had not heretofore been considered quite the thing in this great metropolitan city.

But we have dared to attempt it, and we have received very high endorsement, and I highly appreciate the endorsement of these distinguished men regarding this departure which the Medico-Legal Society has made. The Chair has long felt that this was the great essential to a complete and perfect banquet—the presence of women. I am about to pronounce the name of a lady who has been chosen by her sex in a society in this city whose objects are to promote the usefulness of woman, and to bring into public recognition her rights and her abilities—her genius and her talent. You will, I know, thank me from the bottom of your hearts when she sits down, for having given you an opportunity to listen to that gifted woman who has been selected by Sorosis to be its president. I have the honor, and it is a pleasure, to introduce to you Mrs. Clymer, President of Sorosis.

MRS. CLYMER.

Mr. President, Ladies and Gentlemen : You may not be aware that your worthy president is versed in the science of law and the science of medicine, but is also a student of the occult sciences. He brought me here this evening by pronouncing the magic word “Sorosis.” I am charged to bring here the good will and blessings of Sorosis. I have had the pleasure of attending a number of sessions of the Medico-Legal Congress, and heard many of the papers and discussions, which have led me to believe that this society is worthy of its blessings.

In the first place, men and women have equal rights in that society, and I believe the whole tendency of the society is for the amelioration of the condition of man-

kind, although they do not pretend to be either philanthropists or humanitarians, but simply call themselves a scientific society. Therefore, I feel that I have only to say that, being worthy of these blessings, the blessings are yours, and will continue to be yours as long as you continue in this course.

Mr. BELL: After thoughts of women we naturally give our thoughts to music. Will Mr. Kelly be kind enough to give us some idea of the exhilaration which music gives to the human soul? Let it be a psychological study, from a medico-legal standpoint, Mr. Kelly, and let me ask you to throw into this production, all those gifts with which your friends believe you to have been inspired.

Let me, ladies and gentlemen, introduce to you a gentleman whom that great and high authority, Mr. Dudley Buck, stated to me on a recent occasion that he considered to be one of the foremost men of musical genius and resource, of our day.

Mr. Edgar S. Kelly played selections upon the piano, assisted by that talented artist, Mr. L. W. C. Goerck, upon the violin.

President BELL: Ladies and gentlemen, I shall now introduce to you a name pronounced early in the evening—a name that has had very much to do with what little success has been attributed to your Chairman in advancing the work of medical jurisprudence in this country, and I believe its influence in the world. From the beginning, from the outset, there has been no man in my profession in this City of New York, who has done more to encourage me, to sustain me, to hold up my hands in the advancement of forensic medicine in this city, than the name I am about to pronounce to you. This gentleman, who has aided by his presence, by his voice and

his influence the success which those of you who have been present at the session of the International Medico-Legal Congress, know has been obtained; an honorary member of the Medico-Legal Society, a warm and active member in all those things which have helped to accomplish these results, which have given it prominence, not only in our country, but the civilized world. Ladies and gentlemen, let me introduce to you a man whom in this city should need no introduction from any one, the Hon. Ex-Chief Justice Noah Davis. (Cheers.)

HON. EX-JUDGE NOAH DAVIS.

Ladies and Gentlemen: I should feel myself intruding if I occupied your time many minutes. We are now carrying this banquet into to-morrow. It is already beyond the day on which we commenced it, and, therefore, you must excuse me from making any extended remarks.

I have felt an interest, as Mr. Bell says, in the result of the movement in which he has taken so great a part in the last few years. For in my judgment, nothing is more important to the highest and best interests of humanity, than the progress of the art of medicine which is the art of curing, or relieving the ills which inflict mankind. All other professions are important in their place. I respect them all, but above all others, I have no hesitancy in placing the medical profession, as foremost in its benefits to mankind, and in its blessed influence upon the welfare of mankind. The good man who devotes his life to the curing of the ills and the alleviation of the miseries, mental and bodily, of his fellow-men comes nearest, in my judgment, to that great example of human perfection while on earth, Jesus of Nazareth, who "went about healing the sick."

I know that there are physicians, as there are lawyers, and as there are clergymen, who do no honor to their profession. But the followers of the medical profession especially, have devoted their lives to the noblest and grandest of duties, and under all circumstances, I feel that a greater tribute is due them of respect, admiration and esteem:

And, now, I shall not take your time but another moment.

I mean what I say when I declare that the man who sits himself down to study and make discoveries in medical science, a man like my friend, Dr. Peet, for instance, who has devoted his life to a specialty, until he is known to-day throughout this country and the world as one who has given hearing to the deaf and speech to the dumb, and who now seats himself at this banquet by the side of that charming woman, his wife, who, though her ears are closed forever, has, by the aid of his nimble fingers, heard every speech that has fallen from the lips of those who have spoken, her countenance showing her full appreciation of the subjects discussed. A man who can accomplish what he has done in his high office, deserves not only the commendation of those who know him on earth, but the commendation of the angels in Heaven. (Applause.)

Yes, and this is true of every good physician who has devoted himself to a specialty, and accomplished like results. I could mention numerous instances, but you need not be detained by the attempt.

I am glad that this Congress has been in session. I am glad that it has called together so many attendants, and still more that it has called forth from the able doctors of this land and foreign lands so many valuable papers containing valuable information and knowledge,

which will appear in your records, not only to the advantage of our own country, but to the world at large. You have made a record in this Congress which will long stand to its credit. Many an idea has fallen that will appear in the papers to be printed, and which, like good seed, will bring forth good fruit.

Now that you are about to separate after this excellent banquet, I wish also to tender you my congratulations upon what I believe to be a valuable step, to wit, the introduction into your Congress of a large number of intelligent ladies, who are desirous to tread with equal step by the side of the other sex in aiding the advance of medical knowledge and science. God bless and aid them. (Applause.) I have favored, I am glad to be able to say, from my earliest manhood, with whatever influence I have had, the establishment and encouragement of the female physician. I believe God has endowed woman with those qualities that make her in many respects, and especially for her own sex, and for childhood, quite equal to man in the capacity of alleviating the sufferings of illness and restoring to health those upon whom she attends.

And while we, of course, have had our prejudices, while my profession has, I think, with a spirit of odious monopoly, excluded women from the practice of law whenever she desired to enter upon it, and while the pulpit has largely been closed to her, a far greater hardship has been to exclude her from the devotion of her natural capacities to the cure of human ills.

The childhood and womanhood of the world are entitled to the tender administrations of her hands, and when woman becomes the trained and educated doctor, she will, I believe, soon vindicate her right not merely to be a member of the noblest profession, but also to

the respect and support of the entire community. (Applause.) God bless every woman who has the courage to enter upon such a profession, and the perseverance to pursue it, and may God give her the triumph that shall be her due. (Applause.)

PRESIDENT BELL: Let us hear a word of advice and encouragement from one of the leading physicians of New Jersey. These Jersey men, no matter what the gifted son of Delaware may say from his exalted gubernatorial position, are near to us; there is only this little Hudson River between us; they come to us, and they punish offenders over there in their own way. But we have had at our Congress no more attentive listener, no more enthusiastic member, than Dr. Quimby. We have corralled him here, we have detained him here, and if we can get Dr. Quimby to give us a few of those ideas which have made him so successful in practice in his own city and state, if he can give us some of these by way of encouragement and help, it will certainly prove very interesting and valuable.

DR. I. N. QUIMBY.

Mr. President: I think it is very unfair to treat a foreigner in this way. This is the first intimation I have had that I was to be called upon to make an address. The President deserves a little of that Jersey justice to which he has just alluded, and I warn you, ladies and gentlemen, that you must take care that he does not cross the Hudson, for if he does, we will apply a little of the blue law to him, and your society will be minus a president. He certainly deserves punishment for asking me at this late hour in the evening, and without a moment's preparation, to make remarks, after all the eloquence to which you have listened this evening.

The bewitching smiles and the instructive conversation of two ladies, one on my right hand and one on my left, have so fixed and charmed me that it *has* been impossible for me to leave, as our president intimates. I have been wonderfully edified by the speeches of the evening, especially by the eloquence of the first speaker, Mr. Howard, which has so enthused me as to almost deprive me of my equilibrium. I have also been much edified and instructed by the venerable and distinguished editor of "*The Sun*," which shines for all. I must confess I feel a little excited after hearing the distinguished Governor of Delaware say that his State was the first to sign the Declaration of Independence, because I have an idea that New Jersey was the first, or ought to have been the first to sign that immortal instrument. However, as Delaware is the smaller of the States, I'll willingly yield, with a Jersey man's accustomed gallantry, all the colors and the honors.

I understand that you have all been invited to visit our goodly land of Jersey to-morrow, for the purpose of inspecting the insane asylum at Morris Plains, and I have no doubt all will be interested, especially the president, as he is making an especial study of that class of subjects. I hope all the members will avail themselves of this opportunity of visiting and inspecting this mammoth institution, which is in a somewhat obscure place, where it never should have been located. It was not put there through the advice and aid of medical men, but rather by assemblymen, senators, politicians and lawyers, who often vote and act from financial rather than from scientific or humanitarian standpoints, detrimental alike to patients and physicians.

I do not care to animadvert upon or criticise the legal profession, but I hope I may be pardoned when I say

that you will find the lawyer, when he emerges from the bar to our legislative halls, and becomes a statesman, as is quite frequently the case, the promoter or author of many statutes in which he is wont to eloquently say that equal and exact justice must be meted out to all. But now, Mr. President, ladies and gentlemen, I wish to call your attention to what seems to the doctor an anomaly or a strange inconsistency. (Of course, my remarks will not apply to any of the members of the legal profession present.) It is not an uncommon thing to find the same lawyer, after he has doffed his robes of statesmanship and resumed his practice before the bench, the court and the jury, using his power, acumen and eloquence with many cunning devices to pervert and make void the very law of which he may have been the author. This attempt to make the same law apply to the innocent and the guilty alike is like attempting to make the same glove fit the beautiful and symmetrical hand equally with the hand of disease and deformity.

This, ladies and gentlemen, is an herculean task, and often places the lawyer in an unenviable and contradictory position—a position which sometimes proves disastrous to counsel and client. But this commingling of lawyers and doctors in this American International Congress of Medical Jurisprudence is beautiful, valuable and instructive. We learn much from the legal profession, and I hope the lawyers can learn something from the physicians, so that each may be benefited and elevated to a higher plane of Christian civilization.

There is some reason to believe that Egypt was the first country in which the art of medicine was to any degree successfully cultivated in civilized life, and that the priest and the physician were one and the same person. It might also be remembered with profit that the phy-

sician at that time refused to soil his divine calling by charging a fee, but trusted wholly to a *honorarium*. Thus, you see, Mr. President, ladies and gentlemen, that our noble calling started off on an elevated plane. I sometimes become pessimistic because there is so much "sounding brass and tinkling cymbal" in our profession, and ask myself are we (the medical profession) degenerating into a sort of trades-union, seeking to deplete the purses rather than to prolong the lives and health of our patients? But after the splendid eulogy of the medical profession by Judge Noah Davis, I feel with him that the profession is one of momentous import—first at the portal of life, last at the chamber of death. Not only is the medical profession of vital importance to the human race, but it is rapidly advancing in its application of remedies to disease and in its scientific attainments, and could all the medical and medico-legal societies be marshalled and led by such a matchless, faithful, patient and indefatigable genius as Clark Bell, we would soon attain that higher plane where "divinity shapes our ends" in the treatment of a suffering humanity.

The Medical Profession was responded to by Dr. Eliza M. Moshier, Dr. Frank H. Ingram and Dr. Lucy M. Hall.

The Bar, by Mr. Roger Foster and Mr. Ernest Dyke-man. That lovely tenor voice, Mr. William Leggett, sang a song, and the company separated at a late hour after an evening of great enjoyment.

President: This, ladies and gentlemen, closes the first banquet of the International Medico-Legal Congress.

SATURDAY, JUNE 8, 1889.

THE STATE ASYLUM AT MORRIS PLAINS, NEW JERSEY.

Saturday morning, June 8th, the delegates and their friends met at the depot of the Delaware, Lackawana & Western Railway, Hoboken, N. J., and proceeded by private car, furnished by the Board of Trustees, to the institution.

At Newark the train was boarded by Hon. Mr. Halsey, President of the Board of Trustees, his brother, and Dr. Green, of the Board, who accompanied the delegates throughout the visit. The visitors were received at the Asylum by Dr. Harris, physician in charge, and his corps of assistants, and the General Superintendent, all in full uniform, with all the honors. A brass band, composed with a single exception, of inmates, was playing on the lawn as the party reached the ground, the cars landing the passengers in the centre of the buildings. These buildings are all of stone, very magnificent and costly, and cover a great area. The wards and grounds were thoroughly inspected. A dinner was served at 2 o'clock P.M., at which Mr. Halsey presided. After the feast, Mr. Halsey made a short address of welcome. Mr. Clark Bell responded for the Congress, and a vote of thanks was unanimously tendered the Board of Trustees, the physicians and officers for the hospitable reception.

This asylum is governed by a board of trustees and a general lay manager. The Medical Director and his staff have charge of the medical department only.

The day was spent in visiting the buildings and grounds, and the party returned in the afternoon highly delighted with the visit.

THE PRESS.

The thanks of the International Congress are due the public press for the cordial and staunch support given to the movement.

The New York *Herald* published daily accounts of the sessions, and has been the strong and steadfast friend of the movement to extend and advance scientific research in medical jurisprudence.

The New York *World* also published daily accounts of all the sessions, as did the New York *Sun*, the *Tribune*, the *Press*, the *Times*, the *Star*, *Staats Zeitung*, and indeed all the dailies.

Among the evening papers of this city thanks are especially due the *Mail and Express*, the *Graphic*, the *Commercial*, and the *Post*.

The Congress came at the heel of the great disaster at Johnstown, Pa., the details of which filled the newspapers, and crowded out a great deal of matter that would otherwise have appeared, but the generous aid and sympathy of the public press of the city of New York, and indeed of the country, has greatly added to the interest and, as we trust, to the usefulness of the Congress.

The Medical and Legal press, both at home and abroad, have been most kind, and the aid furnished the movements of the Medico-Legal Society in its efforts to advance the Science of Medical Jurisprudence, has been one of the most conspicuous factors in this work, which has added so much lustre and renown to the name of that body.

EDITORIAL.

THE CASE OF MRS. WHITELING.

The *Press*, of Philadelphia, on June 23d, published the following, two days before the execution of this unfortunate:

The efforts of the very sentimental people who would like to save the cold-blooded murderess, Mrs. Whiting, from the gallows because she is a woman, have not succeeded because they do not deserve success. There is no sex in crime. A woman who is capable of killing her husband and children for their insurance-money ought to be hanged or nobody ought to be hanged.

We select this from many similar utterances as perhaps the vilest of the calumnies against womankind that came of this disgraceful affair.

When this case is considered in after years, the wonder will be like that of the case of Guiteau, how judges, juries and public officials could be swerved from plain duty and justice by the clamor of the mob.

"Crucify him," is as potent a cry in our country in the ears of timid judges, weak juries, and doubting executives, as it was in Jerusalem at the beginning of our era.

There is no sex in crime! There never was a woman born into this world who, in a normal mental state, could or would kill her offspring, for such a reason as is here falsely and brutally asserted, because this death, a reproach upon the civilization of Philadelphia, seemed even from this low standard to demand an excuse before the world; a man might possibly, a mother never. Sex does modify sometimes. Unexplained, the act itself indicated insanity, even in a father.

That Mrs. Whiteling was insane will never be doubted or questioned by any alienist, after the passion and prejudice of the hour pass away.

When will Pennsylvania tire of strangling insane persons for alleged crimes? By the law of all Christendom no act of an insane person is a crime. Where is the difference in quality or condition between the acts of Whiteling and Burrows? Yet the same Board of Pardons in Pennsylvania refuse to commute sentence in one case and grant it in the other. Where is the distinction between the cases of Whiteling and Lebkuchner? Yet the New York jury acquit on ground of insanity under the merciful charge of a great-minded judge, and the Philadelphia jury convict on the very strong efforts of a district attorney who seems to regard the insane as the peculiar objects of his official attacks.

The list of the insane who have been executed in Pennsylvania is already quite large for an American State. The list of the shadows over the Styx of the insane whom Pennsylvania has strangled to death who were condemned for alleged crimes is already large, and hideous as it is large.

The Governor of the State seemed to fear the clamor of the press. Had he possessed the pardoning power, we feel sure he would have commuted the sentence. Had he used the power of reprieve to its full limit, and called a commission of experts to pass upon the case, as did the English Home Secretary in the cases of Gouldstone and Cole for similar offenses, he might have averted the reproach of this death, from Pennsylvania.

The day after the execution of Mrs. Whiteling, Mrs. Wilhelmina Schoop, charged with being accessory to the murder of Anton Schilling, was brought to trial in Philadelphia.

District Attorney Graham consented to a jury being impaneled to try the question of her sanity, preliminarily. She was declared insane by the jury, on medical evidence which he did not resist, and Judge Wilson committed her to Norristown Asylum.

Who shall say then that Mrs. Whiteling's death is fruitless? Whiteling's life was utterly valueless in her own eyes. The life of the insane is not valuable *per se*, nor to themselves, nor to society. The ancient Christians believed that "the blood of the martyrs was the seed of the Church."

If the lives of the insane in our country are needed, to awaken our courts and officials, to a higher sense of judicial and public duty, to a clearer, purer conception of the rights of the insane before the law, to a nobler plane of the true legal doctrine, of the responsibility of these unfortunates for acts, which are due to their disordered minds rather than to themselves,—we can afford to wait for the denouement, but we should not hesitate to protest, in the name of the majesty of the law, when the foundation principles of justice are openly violated in its name.

PRIZE ESSAYS.

The announcement of the prizes offered for essays on subjects connected with medical jurisprudence was inadvertently omitted in the June number of this journal, owing to the great pressure of the International Congress.

Believing this omission would defeat the purpose of the competition unless the time was reasonably extended, it has been decided to extend the date to which competitors may contribute to January 1, 1890.

Members and editors of journals in sympathy with this movement will please notice our amended an-

nouncement of prizes. There were ten competing papers last year. We trust this number will be increased, and we cordially invite our members to compete, and all students of the science.

PRIZES FOR ESSAYS ON MEDICAL-LEGAL SUBJECTS.

THE MEDICO-LEGAL SOCIETY of New York announces the following prizes for original essays on any subject within the domain of medical jurisprudence or Forensic Medicine :

1. For the best essay—ONE HUNDRED DOLLARS, to be known as the CLARK BELL PRIZE.
2. For the second best essay—SEVENTY-FIVE DOLLARS.
3. For the third best essay—FIFTY DOLLARS.

The prizes to be awarded by a commission, to be named by the President of the Society, which will be hereafter announced.

Competition will be limited to active, honorary and corresponding members of the Society at the time the award is made.

It is intended to make these prizes open to all students of Forensic Medicine throughout the world, as all competitors may apply for membership in the Society, which now has active members in most of the American States, in Canada, and in many foreign countries.

All details of the award will be determined by the Executive Committee of the Medico-Legal Society of New York.

The papers must be sent to the President of the Medico-Legal Society of New York, on or before January 1, 1890, or deposited in the Post Office, where the competitor resides, on or before that day.

The name of the author of any paper will not be communicated to the Committee awarding the prizes.

All persons desiring to compete for these prizes will please forward their names and address to the President or Secretary of the Medico-Legal Society of New York.

In case the essay is written in a foreign tongue, it should be accompanied by a translation into the English language.

The Committee of Award to consider the merits of each essay, independent of their opinions of the author's views.

It is hoped that all our members, whether active, honorary or corresponding, will take an interest in this effort to stimulate scientific inquiry and research in questions relating to medical jurisprudence.

Scientific societies in all countries are invited to lay this announcement before their members, and the co-operation of the legal, medical and public press is respectfully solicited in bringing the subject to public attention.

CLARK BELL, *President*,

57 Broadway, N. Y.

ALBERT BACH, *Secretary*,

140 Nassau St., N. Y.

PRIZE ESSAYS.

It has been found impossible to publish the prize essays in book form at as low a price as named in the December issue.

To publish some of the essays awarded prizes, those which received honorable mention by the Committee, and some of the other competing papers thought worthy of a place in such a volume, will require a much larger outlay than was at first supposed.

One hundred and fifty copies have been already subscribed for. If one hundred additional copies can be obtained the volume will be published at \$1.00 in cloth,

and 60 cents in paper, and delivered to subscribers in the order in which the subscriptions are received.

The volume of prize essays, being selections from those competing last year, is in press and will shortly appear. Price \$1.00 in cloth; 60 cents in paper. Members desiring copies will please send in their names and addresses, as only a limited edition will be issued.

THE INTERNATIONAL MEDICO-LEGAL CONGRESS AT NEW YORK.

We shall publish the transactions of this body, except the original papers, in the present and succeeding number of this journal.

The following circular letter has been sent out since our present issue to our members in the various States in foreign countries:

The appeal for aid to publish so large a volume as the Bulletin will necessarily be, is receiving favorable responses.

A small sum from each member will make a large aggregate, and we hope our confreres will send us contributions of \$10 or \$15 to complete the amount needed to be raised.

The action deciding to perfect a permanent organization meets with great favor among medico-legal scientists in Great Britain, and upon the European Continent, while several of the South and Central American States will be represented.

The authority conferred by the Congress upon the president to name vice-presidents in the states, territories and in foreign countries, will be exercised with the greatest care, so as to secure men of eminence for these positions.

The list included in the circular letter embraces such

as have already consented to act from foreign countries and as have been named at home.

By 1892, on the occasion of the World's Exposition here, arrangements could be perfected to then hold the Second Session, on a still higher plane than the Opening Session in June last and with still greater success.

The delegates at the Congresses at Paris, on subjects germane to the science, were very friendly to the proposed plan. There is now little doubt that an organization will be perfected during the present year that will embrace some of the strongest and best names of men identified with medical jurisprudence throughout the world.

The Bulletin of the Congress will appear this Fall or early Winter, more than 200 pages of the same being now in type.

An enrolling fee of \$3 is required to enroll as a member of this Congress, and it will greatly facilitate the labors of the officers, if members who have not forwarded their enrolling fee will do so, to defray the expenses of the Congress and the publication of this Bulletin.

CIRCULAR LETTER.

NEW YORK, Sept. 1st, 1889.

DEAR SIR :

The recent session of the International Congress of Medical Jurisprudence was successful beyond the most sanguine expectations of its promoters. It perfected a permanent organization and provided for the selection of an additional Vice-President from each State and Territory of the American Union, and from each foreign province, State and Country who had members in the organization that took an interest in the success of the movement.

Future meetings were authorized to be called by the Executive Officers, a list of whom are herewith sent you.

The expenses of publishing all the papers read at this Congress, with a record of its transactions and the proceedings at the Banquet, will fill a large volume, the expense of which is estimated will be about \$700. The Executive Officers were authorized to elect addi-

tional members into the organization, the only expense of which is the enrolling fee of \$3.00, which entitles the member to the Bulletin free.

Will you unite in this movement with a view of making it International, and will you suggest a suitable name for Vice-President from your State, Territory, Province or Country. If this effort is received with favor by the members of the Medico-Legal Society, Active, Corresponding, and Honorary alone, without counting others, it will at once provide for the publication of the transactions and the papers read before the Congress, and lay on firm and sure foundations the International work of promoting the advancement of Medical Jurisprudence, not alone within the United States of America, but throughout the civilized world.

Your co-operation in this effort is earnestly solicited in your locality, and your name will be laid before the Executive Officers for enrollment as a member on receipt of the enrolling fee, which can be sent to any officer of the body.

The officers elected by the Congress, held June 4th to 7th, 1889, in New York, were as follows :

OFFICERS.

PRESIDENT:

CLARK BELL, Esq., of New York.

VICE-PRESIDENTS:

Chief Justice Sir John C. Allen, of New Brunswick.

Chief Justice Edward E. Bermudez, of Louisiana.

Dr. Bettincourt Rodrigues, of Portugal. Gov. Biggs, of Delaware.

Dr. Daniel Clark, of Toronto, Canada.

Ex-Chief Justice Noah Davis, of N. Y.

Dr. Edward J. Doering, of Illinois.

Prof. John J. Elwell, of Ohio.

Judge W. H. Francis, of Dakota Territory.

Dr. W. W. Godding, of Washington, D. C.

Dr. Eugene Grissom, of N. C.

Dr. Carl H. Horsch, of N. H.

Judge Locke E. Houston, of Miss.

Dr. Charles H. Hughes, of Mo.

Dr. W. W. Ireland, of Scotland.

Prof. Robt. C. Kedzie, of Mich.

Dr. Norman Kerr, of England.

Dr. Jules Morel, of Belgium.

Dr. Jennie McCowen, of Iowa.

Dr. Connolly Norman, of Ireland.

Prof. John J. Reese, of Pa.

Judge H. M. Somerville, of Ala.

David Stewart, Esq., of Maryland.

Theo. H. Tyndale, Esq., of Mass.

The following additional Vice-Presidents have since been named by the President :

Prof. Brouardel, for France.

Hon. A. M. Alvarez Taladriz, for Spain.

Doctor Herman Kornfeld, for Silesia.

Doctor Van Persyn, for Holland.

Prof. Dr. D. Vloeminx, for Belgium.

John M. Taylor, Esq., for Conn.

Hon. Geo. A. Halsey, for N. J.

Prof. Dr. Benedikt, for Austria.

Prof. Dr. Paul Kowalewski, for Russia.

Dr. Steenberg, for Denmark.

Dr. Enrico Ferri, for Italy.

Dr. Geo. A. Tucker, for New South Wales.

Dr. Y. R. Le Monnier, for La.

SECRETARY.

MORITZ ELLINGER, Esq., of New York.

ASSISTANT SECRETARIES.

FRANK H. INGRAM, M.D., of New York. WM. J. LEWIS, M.D., of Conn.
J. F. WALTERS, of New York.

The President was empowered and directed by the Congress to appoint additional Vice-Presidents for the various States, Territories, Provinces and Countries, which will be done during the coming Autumn. Members of the Congress receiving this Circular, who have not sent their enrolling fee, will please do so, and circulate this among those who take an interest in the Science.

Your early response is requested to either of the undersigned.

MORITZ ELLINGER,
Surrogate's Office,
New York City.

CLARK BELL,
President,
57 Broadway, N. Y.

THE PARIS CONGRESS OF MEDICAL JURISPRUDENCE

was held, commencing August 19th, last. Prof. Brouardel, the President of the Medico-Legal Society of France, presided. The delegates of the Medico-Legal Society of New York were its president, Clark Bell, Esq., Chief-Justice E. E. Bermudez, of Louisiana; Prof. H. A. Mott, Jr., of New York; and Richard B. Kimball, of New York.

We shall defer until later any resumé of its labors.

CLASSIFICATION OF MENTAL DISEASES AS A BASIS OF INTERNATIONAL STATISTICS OF THE INSANE.

The crowning labor and the most important result reached by the Paris Congress of Mental Medicine was the adoption, after a spirited debate, by an almost unanimous vote, of a basis of classification of insanity for statistical purposes, which, we trust, will receive the general acquiescence of the scientists of all countries.

We defer the publication of the basis adopted, for the present. We may say, however, that it was substantially in accord with that agreed upon by the Conference of American Alienists, held at Saratoga, N. Y., and that the difference, if any, is in phraseology only.

We believe that had the basis agreed upon at the Paris Congress been submitted to the Saratoga Congress, it would have received the sanction of that body.

This fortunate result is largely due to the labors of Dr. Jules Morel, of Belgium, who prepared a very able and exhaustive paper of the work done upon this subject through the agency of the Belgian Society, the Antwerp Congress, and the reports made from various countries through the several international delegates chosen at Antwerp.

Dr. Falret presided at the Congress, aided by Prof. Benj. Ball.

Prof. Brouardel gave a reception to the delegates. All were invited to the grand reception tendered by the city of Paris, at the Hotel de Ville, and the Congress closed with a banquet at the Continental Hotel, at which about two hundred sat down.

The American delegates were received with great courtesy and distinction, and the Bulletin will be a valuable addition to the literature of the world upon the science of mental medicine.

Personal.

Chief Justice BERMUDEZ, while in attendance in Paris upon the Congress, to which he was named as a delegate from the Medico-Legal Society, was invited to sit in the French Court of Cassation on several occasions and accepted.

This is a distinction very rarely extended in France, and was a courtesy illustrating the friendly relations which exist between France and the United States.

Justice BARBIER, Presiding Justice of the French High Court of Cassation, who has recently been elected a member of the Medico-Legal Society here, made an elo-

quent address at the closing banquet of the Paris Congress of Mental Medicine. He was one of the advisory counsel of the Paris Congress of Medical Jurisprudence, and takes a profound interest in medical jurisprudence.

He has forwarded his portrait, through Judge Bermudez, which, we hope, will appear in a group of the distinguished French men of science, who are members of the society, or of the American International Congress.

Prof. BROUARDEL, the great chemist and toxicologist of France, consents to accept the position of Vice-President of the American International Congress of Medical Jurisprudence for France. He represents both chemistry and medicine, as he is qualified to hold a chair in each science. We hope shortly to announce as eminent a name on the legal side.

Dr. VLEMINCKX, of Belgium, is the president of the recently founded Medico-Legal Society of Belgium. It is at present in its infancy, and has not yet fully perfected its organization.

Its members are principally what are known in Belgium as medicine legists, and its plans for co-operation with the legal men and alienists are not yet completed.

We have received a list of the present active members, and we have the good fortune to have obtained Dr. Vleminckx's consent to co-operate in the Congress, and accept the position of a vice-president for Belgium.

Dr. NORMAN KERR, and the British Society for Study and Cure of Inebriety.

The Medico-Legal Society of New York was the real subject of a complimentary reception tendered its president in July last in London, on the occasion of his short stay in the English capital.

Dr. Norman Kerr presided, and addresses were made by many prominent persons.

The work recently issued by the society entitled "The Medical Jurisprudence of Inebriety," to which so many of the members of the body contributed, was made the special subject of eulogy, in aiding the work of the British Society in the same field of scientific thought and endeavor, and the high compliments and courtesies showered upon Mr. Clark Bell, as president of that body, illustrates as well the great hospitality and kindness of our English cousins to Americans, as it does the firm hold the Medico-Legal Society has taken upon the advanced thought in all English-speaking countries regarding the question: "Is inebriety a disease?" and "Is it to be treated like insanity as a disease—both medically, and also as to criminal responsibility?" Dr. Kerr has devoted the best years of his life to this field of inquiry, and the recent edition of his exhaustive treatise, which has just reached us from his publisher, best illustrates the ability and acumen with which he has treated the problems, surrounding these topics.

THE BRITISH MEDICO-PSYCHOLOGICAL ASSOCIATION.

At the July meeting, Dr. Hayes Newington delivered the Presidential address, which was well received. Mr. Clark Bell spoke, urging closer relations between the professions of law and medicine in England, citing the present strained relations, as evidenced by medical writers and judicial utterances, as reasons why the medical profession should for its own dignity and self-respect secure fairer treatment in English tribunals, urging the effect in American courts and trials, of the work of the Medico-Legal Society in bringing the professions into more harmonious, because better understood, relations to each other.

Dr. Yellowlees was elected to succeed Dr. Newington

next July. The annual banquet was held at the "Ship," Greenwich, where the usual "White Bait" dinner was served with all the courses.

The American delegates, Messrs. Clark Bell and Roger Foster, made speeches, and were treated with great courtesy.

Dr. JOHN H. RAUCH went abroad for rest and recuperation and obtained both, by making the most exhaustive, careful and thoroughly scientific and detailed study of the sewage system of London, Paris, Berlin and some other foreign capitals.

We met Dr. Rauch constantly in Paris and London, and we never found him except in constant and exhaustive labor on these topics, concerning which he was a witness before the English Parliamentary Commission of Inquiry.

For rest and recuperation, when a man is tired out, used up and has to go abroad to obtain both, we challenge any man we have met to beat Dr. Rauch in searching for and obtaining both.

DRUNKENNESS AS AN EXCUSE FOR CRIME.

Lord YOUNG has recently given a decision in the case of the Crown vs. Elizabeth Short.

The facts were as follows: Elizabeth Short gave birth to a child on June 2d. On June 6th, she was drunk, and she continued drunk constantly until the 8th of July, when she had delirium tremens. Her husband was absent. On July 11th, the child died of debility and ulceration of the bowels, caused by starvation and neglect.

On the trial at Glasgow Circuit, Lord Young refused to allow a charge of culpable homicide, based on the foregoing facts to go to the jury.

The Judge is reported to have said: "He must entirely negative the theory that it was murder or culpable homicide, or any crime punishable by law in that court for a woman or a man either to take too much whiskey or to get delirium tremens, which was insanity. * * *

"He could not say there was crime unless there was intention to injure."

This dicta of Lord Young will be, doubtless, made the subject of assault, by those who hold that drunkenness is an aggravation of the offense, because produced by the act of the accused, and by those who have been prone to say that "drunkenness does not excuse crime."

It is a straw indicating that judges are beginning to inquire how far the inebriate is responsible for acts committed in the drunken frenzy. If the *intent* is the important and controlling element in crime, why shall it be eliminated against the inebriate who has no consciousness of his acts when committed, and be enforced against the forger, the thief, the murderer, and, indeed, the whole catalogue of criminals, when the question of intoxication or inebriety is out of the case?

IMBIBITION OF ARSENIC.

Professor Formad, of Philadelphia, gave a hint that may lead us to the light, as to the detection of arsenic introduced into the body post mortem, in contrast with true arsenical poisoning (during life).

While the chemist confesses himself baffled, by any aids or methods now known to science, to detect the poisoner, who covers his crime by filling the abdominal cavity with a strong solution of arsenic, under the pretense of embalming the body, Dr. Formad announces

a line of inquiry by which the histologist may detect the criminal, and fasten upon him the crime.

He says:

"The changes induced by arsenic in the living mucus membrane of the stomach are very characteristic (the details of which he fully describes in his remarks in Transactions of Congress, p. 222).

"One great advantage of these anatomical or microscopical methods of extermination is that it gives us the means of discriminating between true arsenical poisoning (during life), and the post mortem introduction of arsenic, if made to cover up crime.

"This cannot be done by chemical methods. Poisons introduced into a dead body do not induce any histological changes in the tissue whatever."

We may look for light in these cases from another branch of scientific research, and it may yet lead to the detection and punishment of criminals, who rest securely now on the inability of the chemist to detect their crime.

Arsenic preserves the body so perfectly that years after we may find the finger of scientific truth pointing with unerring certainty to the criminal in these cases.

COUNTY INSTITUTIONS AND THE INSANE.

The committee met on June 5th, 1889, at the Session of the International Congress, at Steinway Hall, at 3:30 P. M. President Clark Bell in the chair and Dr. Lucy M. Hall, acting as secretary in the absence of Dr. Frank H. Ingram, who was obliged to retire early from the session. Dr. Lucy M. Hall submitted letters from Dr. A. Jacoby, late President N. Y. Academy of Medicine; Mrs. Josephine Lowell, member State Board of Charities; and seven or eight prominent citizens expressing great anxiety and interest in the work of the committee, and some of them urging the claims of the State institutions as against the county care of the insane, asking the committee to favor some one side and some the other, of that question.

A free interchange of opinion followed, after which it was unanimously

Resolved, That as the sense of the committee, it was our plain duty to go forward with the work assigned us, taking no sides upon the question of State vs. county care of the insane, leaving each member of the society and of the committee free to take such view of that question as he chose.

Resolved, That our manifest duty and work is to proceed under the law as it stands and as we find it ; to do all in our power to aid the administration of those officials who have charge of the insane in other than the State institutions, with the view of elevating the standard of both care and treatment, and of friendly advisory co-operation, visitation and inspection, to the end of remedying mechanical restraint or any abuses wherever existing, if so existing, to the extent of our influence and ability, through the aid of local committees and public sentiment.

Dr. S. Tucker Clark suggested that members of the committee submit to the chairman suitable names for local committees in their own and contiguous counties, which was seconded by Dr. Carpenter, and on motion adopted.

Dr. R. L. Parsons tendered his resignation from active membership in the committee, being opposed to the scope of the work proposed, which on motion was accepted. The Chair stated that he contemplated going abroad as soon as the labors of the International Congress were closed, and asked for leave to name the local committees in the Fall, after his return, which was granted.

The chairman read communications from Dr. John Lambert, of Washington Co.; Albert Bach, of New York; Jas. O. Fanning, of Albany; F. W. Higgins, of Cortland; W. G. Stevenson, of Dutchess; Dr. W. C. Wey, of Chemung; and from prominent physicians and

citizens from various sections of the State expressing interest in the work.

The Chair was requested to consider the propriety of enlarging the committee of the society, so as to have more extended representation from all parts of the State.

The Chair was also requested to make provisional nominations in the several counties before completing the local committees, as early in the Fall as convenient, so that the work might be inaugurated before the coming winter.

On motion, the committee adjourned subject to the call of the chairman.

CLARK BELL,

Chairman,

LUCY M. HALL, M.D.,

Sec'y *pro tem*.

PORTRAITS OF EMINENT MEN.

Carlyle says, "That all men are, to an unspeakable degree, brothers; that each man's life is a strange emblem of every man's; and that human portraits faithfully drawn are of all pictures the welcomest on human walls."

To those who study a science or engage in a particular work, there is ever an interest in the faces of those who in distant lands or in far away cities, pursue the same studies and work at the same problems.

Though we may never actually see them, though distance and circumstance and fate separate, though oceans divide and language and country present insuperable barriers to meetings or fraternal contact, we are nearer, and those are dearer to us, who pursue and grapple with, through whatever conditions or environment, the studies, the occupations, the questions which interest us.

The portraits of those who take an interest in forensic medicine, must possess all this rare charm and interest to every thoughtful student of that science, throughout the world.

If we can give to ourselves and others this pleasure—this treat—we shall be entitled to the thanks of all.

We have ready for mailing to our friends and subscribers a group of seven men of eminence upon the Bench, and at the Bar, who are among our members.

The executive officers of the Medico-Legal Society will furnish one group, and we shall shortly select twelve portraits from legal members, as well upon the Bench as at the Bar, for the second group of legal heads. Those who will send us their names as subscribers for the series will be first served.

We shall follow it by a group of eminent American alienists, those who have won distinction, and whose names are well known throughout the United States of America.

We shall reproduce shortly a group of the leading alienists of Belgium, and follow these with men of prominence and distinction at the Bar, upon the Bench, and as medical experts in our own and in foreign lands.

We shall produce these on heavy paper in a style fit for framing, for \$1.00 each, mailed to each subscriber who remits.

If this meets with favor among our members and subscribers and the friends of the science, we shall continue to produce these, for the various countries and States who are identified with our labor, so that all may have for a trifle, this collection of living co-workers in the science, as a memento, and as that welcome to our walls of which the great Scotch thinker wrote so beautifully.

Journals and Books.

THE INSANE IN FOREIGN COUNTRIES.

By the Hon. WM. P. LETCHWORTH, ex-President of the New York State Board of Charities. Pub. by P. Putnam's Sons: New York and London.

This attractive volume is the outcome of a tour of Europe, made some time ago by the author, for the purpose of inspecting some of the most famous asylums of Great Britain and the continent, and of comparing them with similar institutions in our own country; it is furthermore a fitting monument to a life devoted unselfishly to the improvement and welfare of the degenerated of the State of New York.

The attention of the reader is naturally first attracted to the mechanical beauty of the book, the clear, large type, the heavy paper, the broad margins, the elegant binding, and the twenty or more handsome illustrations of asylum buildings, interiors and plans and the heliotype reproductions of a few historical pictures associated with the care and treatment of the insane. All of these mechanical details do honor to the famous press from which the book emanates.

The first chapter consists of a retrospective view, in succinct form, of the management of the insane by civilized communities, from the Middle Ages to the present day, a description of the barbarities practiced at one time in the treatment of these poor creatures, and of the various reforms that have gradually been introduced century after century, although it is actually less than one century since their care has assumed a truly humane character.

Then follows separate chapters devoted to institutions visited in England, Ireland and Scotland, and in various continental countries, and a chapter each to the colony at Gheel, and to the provincial asylum at Alt-Scherbitz, near Leipzig. All of the best asylums of Great Britain then existing were visited and their many excellencies carefully noted and described. The newest and most unique of British institutions, viz.: that at Cane Hill, near London, was not completed at the date of the author's visit, and hence finds no place in the volume; but as it deserves the consideration of boards of managers and other officials interested in the construction of new asylums in this country, as representing probably the maturest experience of the English Commissioners in Lunacy, and as in a manner their ideal, the reviewer would call attention to it here.*

The whole chapter describing the Saxon institution at Alt-Scherbitz and the plans of grounds and buildings set forth, merit the particular study of state boards of charities. The enthusiasm of Mr. Letchworth on the intrinsic worth of this psychopathic hospital is shown by every one who has enjoyed the privilege of visiting it. If we were asked to designate the

*A description of Cane Hill will be found in an article by the writer of this critique on "Some European Asylums," in the *American Journal of Insanity*, July, 1887.

three most perfect institutions for the insane now existing, taking all things into consideration, plans of buildings and grounds, freedom and aggregation of patients, employments, amusements, and scientific treatment, these three would be Alt-Scherbitz, Cane Hill and the new portions of the Uranicomio di Roma. If but one were to be selected, it would be Alt-Scherbitz. Some of the good qualities of this institution are to be embodied, it is understood, in the new State Asylum at Ogdensburg, N. Y., for fortunately the author of this book was one of the Commission appointed to decide upon plans for this structure.

The eighth and last chapter of the book is a resumé, not only of all the valuable facts gleaned from his tour abroad, but also of the deduction from the experience acquired by years of observation of the methods of providing and caring for defective classes. Therefore this chapter deserves the special consideration of all who are interested in matters of this nature. In it are discussed such vital questions as the location of an asylum, the selection of a site, the character of buildings to be erected, furnishing and decoration of wards, laying out of grounds, disposal of sewage, the freedom and restraint of patients, the training of attendants, the amusement and employment of patients, dress, dietary, admission and discharge, boarding out, poor-houses, etc. Only a few of the topics touched upon can be mentioned here. The author dwells rather briefly upon one important matter, and that is the vexed question of the separation of the acute and chronic insane. This is a subject upon which the reviewer feels so strongly that he cannot refrain from a reference to it here. Mr. Letchworth does not express himself very decidedly in favor of either system, but a tendency to lean to the former can be detected.

When we take a look at the history of the asylums of the Rhine province in Germany, we see the impossibility of separation of the two classes. Dr. Jacoby founded a hospital there for the acute insane. Inside of a generation it was a mixed institution, in which four-fifths of the patients were chronic and incurable. The Government then appointed a commission to devise some plan of provision for all of the insane of the province. Five districts were laid out and in each a mixed asylum was constructed to receive all classes of the insane.

New York is a still more striking example. This State founded four asylums for the acute insane at Utica, Buffalo, Middletown and Poughkeepsie, and two for the chronic insane at Willard and Binghamton. Yet to-day all of these asylums are mixed. The chronic institutions are constantly receiving and treating the acute insane of their immediate neighborhoods, while the hospitals for the acute insane are crowded with incurable cases, so that a fair estimate of the number of chronic insane in these hospitals for acute classes would be 75 per cent! The truth is, that a system of distinction should be adopted by every state, because there are natural laws which regulate the filling of asylums, and every asylum should be established to provide for all classes of the insane.* The extent to which this absurd sep-

*The actual facts and statistical figures are all given in a paper by the reviewer "On the adoption of some Method of Distributing the Asylums of New York State, etc."—*N. Y. Medical Record*, June 5, 1886.

aration may be carried is shown by the attempt at this present moment in Minnesota to divide the insane into three classes : 1, Incurables ; 2, Acute and violent ; 3, Sub-acute and transient, apportioning each class to one of the three existing State asylums ! It would take years to remedy such an evil, and it is to be hoped that this affliction will not befall the State.

Mr. Letchworth's book is meeting with the wide attention it deserves, and a second edition is about to be issued. It should be in the hands of every one who has the welfare of the insane at heart, and it is men of that character who ought to compose the boards of managers of asylums, the State boards of charities and the medical staffs of the institutions. This volume will familiarize them with the needs of this class and after a careful study of the questions discussed in the last chapter, they will have gained the ability to consider intelligently ideal methods of provision for their unfortunate charges.

F. P.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.

F. A. Davis, Publisher, Philadelphia, New York and London. 1889. Five volumes.

The aim of this work is to make a yearly report of the universal medical sciences. The work is elaborate, and is edited by Charles E. Sajous, M.D., assisted by a corps of seventy associates taken from all ranks of the profession. The edition of 1889 is in five volumes, on good paper, large type, handsomely bound and illustrated, and it deserves, as we trust it will receive, the support of medical men. The writers on mental diseases and the brain are E. C. Seguin, M.D., W. R. Birdsall, M.D., Henry Hun, M.D., E. N. Brush, M.D., and N. Senn, M.D.

On legal medicine by Dr. Frank W. Draper; on toxicology, by J. W. Holland, M.D.; on inebriety, by W. R. Birdsall, M.D.; on gun shot wounds, snake bites, by D. Hayes Agnew, M.D.; on anæsthetics, by Dr. J. M. Barton; on life insurance, by J. M. Keating, M.D.; on urinalysis, by James Tyson, M.D.; on histology and the microscope, by Walter Pillanton, M.D.; bacteriology, by Harold C. Emst, M.D.; embryology, by W. X. Sudduth, M.D.; physiology, by Prof H. Newell Martin; and anatomy by Wm. S. Forbes, M.D.

The various other specialties of medicine and surgery are treated by able writers, and the fifth volume concludes with a very valuable and elaborate index by Dr. C. Sumner Witherstone, of Philadelphia, and a list of the journals and authors who are cited or quoted.

It has the merit of fresh work, and some of them—like the paper on legal medicine by Dr. Frank W. Draper—are very good, able, and on all fours with current writers of the topics treated.

C. B.

BOOKS, JOURNALS AND PAMPHLETS RECEIVED.

PROF. DR. P. BROUARDEL.—D'Appareils Frigorifiques, a la Morgue. (1880.)

Le Déplacement de la Morgue (par Gilles de la Torrette.) (1885.)

Progét de Déplacement de la Morgue Report. (1882.)

Vaccine.—Rapport sur les Accidents. (1876.)

Moyens de Protection de l'Europe contre les Malades-Épidémies. (1885.)

Rapport de la Commission du Cholera. (1884.)

Rapport sur les Essais de Vaccination Cholérique. (1885.)

Brouardel Charrim et Albarran.

Sur l'apparition d'une Nouvelle Épidémie Cholérique. (1885.)

Rapport aux Mesurs a prendre contre les Épidémies de Cholera. (1884.)

Épidémie de Suette Milliare. (1887.)

De la Reforme des Expertises Medico-Legales. (1884.)

L'Épidémie de trichinose d'Emmersleben, par Brouardel & Grancher. (1884.)

Épidémie du Cholera at Toulon et a Marseilles. (1884.)

Épidémie de Suette du Poiton. Par Brouardel & Thoinot. (1887.)

L'Origine des Epidemies de Fievre Typhoide. Par Brouardel et Chan-temesse. (1887.)

Enquette sur une Épidémie de Fievre Typhoide, de Sept., 1886, Clermont—Feraud. (1887.)

Ib. de Marine de Lorient, (1887.)

Modes de Propagation de la Fievre Typhoide. (Oct., 1887.)

Repartition de la Fievre Typhoide en France. (1889.)

PROF. FILLIPPO SERAFINI.—Archivio Giuridico. Fascicolo, 1, 2, 3 and 4. Pisa. (1889.)

DR. NORMAN KERR.—Second edition Inebriety. (H. K. Lewis, London.) (1889.)

H. P. HUBBARD & Co.—Blue Book of Trade Marks and Newspapers. (1889.)

NATIONAL UNIVERSITY AT WASHINGTON.—Sixth Annual Announcement Prospectus. (1889.)

EMIL MADISON HOFF.—Medicine albenretning fer Kongeriget, Denmark, for Aaret, 1885.

ENSWORTH MEDICAL COLLEGE.—Thirteenth Annual Prospectus and Announcement, St. Joseph, Mo. (1889.)

CORNELL UNIVERSITY.—August Bulletin, 1889. Agricultural Experimental Station.

GEORGE M. GOULD, M. D.—The modern Frankenstein. (1889.)

Dreams, Sleep and Consciousness. (1889.)

HENRY HOLLINGSWORTH SMITH, M.D.—Concussion of the Spine in its Medico-Legal Aspects. (1889.)

HERBERT JUDD, M.D.—The Medico-Legal Aspect of Concussion of the Spine. (1889.)

HAHNEMAN MEDICAL COLLEGE, CHICAGO.—Thirtieth Announcement. (1889.)

ISAIAH DE ZOUCHE, M.D.—Inebriety, the State and Inebriates. (1885.)

JOHN B. CHAPIN, M.D.—Annual Report of Pennsylvania Hospital for Insane, Philadelphia. (1889.)

C. A. MILLER, M.D.—Nineteenth to Twenty-ninth Annual Reports of Longview Insane Asylum at Carthage, Ohio—1878 to 1888, both inclusive.

ENGLISH LUNACY COMMISSIONERS.—Forty-third Annual Report. London, June, 1889.

PROF. L. WILLE, Basel, Switzerland.—Bericht über die Irrenanstalt Basel. (1888.)

ST. LOUIS MEDICAL COLLEGE.—Forty-eighth Annual Announcement. (1889.)

PROF. SENATOR ANDREA VERGA.—La Pena di Morte in Italia. Milan, (1889.)

THE GARDEN OF EDEN, by Victoria Claflin Woodhull Martin.

BOSTON UNIVERSITY.—Seventh Annual Announcement.

A. K. JOHNSTON.—Therapeutic Uses of Oxygen and Nitrogen Monoxide.

F. A. DAVIS, Phil., Publisher.—Annual of the Universal Medical Sciences. Vols. 1 to 5, for 1889. Charles J. Sajous, M.D., editor. The Physician Himself, by D. W. Cathell, M.D. 9th edition, pp. 298. Philadelphia and London, 1889.

ED. P. BREWER, M.D.—The Therapeutic Analyst. No. 8, series of 1889.

DODD, MEAD & Co.—New publications. Vol. No. 1, August, 1889.

MR. J. WARD STIMSON.—First Annual Report of N. Y. Institute for Artist Artisans. (1888 and 1889.)

JOHN M. PEACOCK, M.D.—The Disposal of the Dead. (1889.)

ST. LOUIS POLYCLINIC.—Vol. 1, No. 4.

DR. R. V. KRAFT-EBING.—*Psychopathia Sexualis*. pp. 226. (Von Enke, Stuttgart.) (1889.)

STATE BOARD KANSAS CHARITABLE INSTITUTIONS.—Third Biennial Report. (1882.)

D. C. H. HUGHES, St. Louis, Mo.—Reflex Central Hyperæmia. (1879.)

Moral Affective Insanity—Psycho-Sensory Insanity, 1st Article. (1884.)

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Short Case Record in Psychiatry, with a moral. (1884.)

Relation of the Nervous System to Hæmophillia, Malarial Hæmatuna. (1881.)

Simulation of Insanity by the Insane. (1883.)

Neuritis Plantaris. (1887.)

N. A. BUTTOLPH, M.D.—Serving Food in Insane Asylums. (1889.)
Basis for Sanity and Insanity and Classification of the Insane.

DR. FALRET.—Opening address Congress of Mental Medicine, Paris. (1889.)

Rapport des Obsessions Intellectuelles Emotive et Instinctives.

DR. G. A. TUCKER.—Civil Service List of Cape of Good Hope. (1889.)

The Year Book of Australia. (1889.)

Official Hand Book Cape of Good Hope. (1886.)

DR. F. FERRAZ DE MECEDO.—De l'Encéphale Humain avic et sans Commissure Grise. (1889.)

PROF. B. BALL and DR. M. A. ROUILLARD.—De la Legislative Comparée sur le Placement des Alienées.

DR. ALPHONSE BERTILLON.—Conference at Rome on New Method of Determining Individual Identity. (1887.)

Address on same subject of M. Louis Herbett.

Service des Signalements Anthropometriques. (1888.)

DR. BAU, M.E.—Assistance et Patronage des Aleiénés Colonies Agri-
coles. Inspecteurs regionaux.

DR. NAPIAS.—Circular and Programme of the Congress d'Hygiene et
Demographie at Paris. August, 1889.

DR. DU MESNIL and DR. M. JOURNET.—Rapport de l'enlevement et de
l'utilisation des detritus solides. (1889.)

DR. GRANCHER and DR. M. RICHARD.—Rapport d'Action du Sol sur les
Germes Pathogènes. (1889.)

DR. SANDENZY and DR. H. NAPIAS.—Legislation in different countries
for the protection of the health of infants. (1889.)

PROF. BROUARDEL, DR. GABRIEL POUCHET and DR. PAUL LOYE.—Acci-
dents due to animal food containing toxic alcooloids. (1889.)

A. WOOD RENTON, Esq.—The English Lunacy Acts Amendment Bill.
(Now pending in the English Parliament.)

WM. JUDD HELMUTH, M.D., L.L.D.—Presidential Address—Sectarian-
ism in Medicine. (1888.)

DR. NORMAN KERR —Proceedings of Society for the Study of Inebriety.
(London, 1889.)

THEO. S. ARMSTRONG, M.D.—Tenth Annual Report of Binghampton
Asylum for Chronic Insane. (1888.)

FREDERICK NEEDHAM, M.D.—Twenty-ninth Annual Report of Barn-
wood House Hospital for the Insane. (1888.)

R. WELSH BRANTHWAITE.—Fifth Annual Report of Dalrymple Home
at Rickmansworth. (1888-9.)

DR. MAGITOT.—Circular and Programme of the Second International Congress of Criminal Anthropology, at Paris, August, 1889.

Report as to questions submitted to the Congress and accepted by the Committee of Organization.

DR. RITTI.—Circular and Programme of the International Congress of Mental Medicine, at Paris, August, 1889.

DR. MOTET.—Circular and Programme of the International Congress of Medical Jurisprudence, at Paris, August, 1889.

DR. MOTET and DR. VETAULT.—De la Responsibilite des Alcoolises. (1889.)

PROF. C. LOMBROSO.—Recent Researches in Criminal Anthropology. (1889.)

SIR EDWIN CHADWICK, K.C.B.—Circulation or Stagnation (Cassel & Co., 1889.)

N. SENN, M.D.—Implanting of Antiseptic Decalcified Bone. (1889.)

CHARLES WARRINGTON EARLE, M.D.—Chiara's and the Hospital St. Maria Nuova, Florence, Italy.

Treatment of Puerperal Fever.

Presidential Address Chicago State Medical Society, 1889.

(Alcoholic and Opium Inebriety.)

Antiseptic Obstetrics.

Observations in Vienna. (1888.)

Infant Feeding.

Influence of Sewerage and Water Pollution on Diphtheria.

JUDGE GILDERSLEEVE.—Oration at Battlefield of Gettysburgh. (1889.)

[Papers and works omitted here will be credited next issue.]

MAGAZINES.

ALIENIST AND NEUROLOGIST.—This journal for 1889 will surpass in excellence any previous year of its existence. Dr. Hughes has sustained a great blow in the loss of a favorite daughter, and is abroad taking much needed rest.

THE GREEN BAG.—If all the readers of this journal enjoy its pages as we do, it must have a steady, increasing circulation.

SCRIBNER'S.—Is certainly a very readable magazine. It is giving space lately to electricity, and Mr. Thompson's paper on "African Exploration" reads like a good novel.

THE AMERICAN MUSICIAN.—In its issue of September 20th, publishes a capital likeness of Stephen Fiske.

We have known Mr. Fiske for many years as one of the most versatile and gifted of our literati. He was years ago in the front row of journalists, won laurels as a dramatic critic, knew more about plays and actors of our time than any man we recall, with the kindest of hearts and so much of good human nature in him, and now comes the "American Musician" and calls him a "seraph."

BULLETIN TOME X SOCIETE DE MEDECINE LEGALE DE FRANCE (1889).

We are glad to receive this volume, which records the labor of that body from January 8th to session 1887, under the presidency of Emile Hourteloup (now one of the judges of France), until the session of 10th December, 1888, being the two years of his presidency, 1887 and 1888. It contains 260 pages, and besides the transactions of the body, the papers read before the Paris Medico-Legal Society.

THE NEW MAGAZINE.—Longmans, Green & Co., of London, start a new magazine, published both in London and New York, edited by Archibald Grove, Esq., published monthly at the low price of \$1.75 per annum.

The numbers we have seen are very good reading. Its contributors are first class and we wish it every success.

THE NEW ENGLAND MAGAZINE.—The first number, new series, Vol. I., comes out September, by New England Magazine Co. of 36 Bromfield St., Boston, at 25 cents a number, monthly, or \$3 a year. It is beautifully illustrated, very ably edited by Rev. Edward Hale and Mr. Edward Dillead, and has an attractive and interesting table of contents.

THE NORTH AMERICAN REVIEW.—Mr. Lloyd Brice, the new editor of this journal, certainly does not let it fall off in interest or merit.

Mr. Gerry writes of capital punishment by electricity in the September number, and Inspector Thomas Byrnes contributes an interesting paper on the New York City lodging-house system, which he characterizes as 'Nurseries of Crime.'

There is food for reflection and points for legislative action in this startling paper by Inspector Byrnes.

THE QUARTERLY JOURNAL OF INEBRIETY.—The leading papers in the July number are Dr. Norman Kerr's paper on "Inebriate Criminal Responsibility," and Dr. Crothers' paper, its accomplished editor, on "Alcoholic Trance in Criminal Cases," though Dr. Parrish and Dr. Th. Wright contribute excellent articles. Judges, lawyers and legislators are beginning to look at inebriety as a disease resembling some forms of insanity. If so, should it be treated as insanity is treated, as a disease, instead of as a crime or an offense, as society and the law has regarded it for centuries? The question is upon us, and like "Banquo's Ghost," it will not "down."

THE CENTURY.—The distinguishing feature of this magazine is the high excellence of its illustrations.

As artistic productions, aside from the very superior manner in which the reproductions are made, the "Century" stands without a rival in the field of serial illustrations.

If any journal surpasses it from an artistic standpoint, we have failed to see it in any country.

SIR JOHN C. ALLEN,

Chief Justice Supreme Court of New Brunswick.

Sir John C. Allen was born October 1, 1817, and is the grandson of Isaac Allen, a lawyer of Trenton, New Jersey, who emigrated to New Brunswick after the war of the American Revolution, in which he espoused the Royalist side and was appointed a *puisne* judge, which position he held until his death in 1806, at the age of 65 years.

Judge Allen's grandmother was Sarah Campbell, of Philadelphia. He was educated at Fredricton, and admitted to the Bar in 1840, and in 1845 was appointed one of the Commissioners on Boundary Question under the Washington Treaty of 1842. In 1851, he was made Clerk of the Executive Council, from which place he resigned in 1856, and entered the House of Assembly for the County of York. He was Mayor of Fredricton from 1852 to 1855.

In 1856, his party coming in power, he was made solicitor-general, which position he held only one year, when the ministry again changed. In 1862, notwithstanding he was not in sympathy politically with the then dominant party, he was elected Speaker of the House, succeeding the late Hon. John M. Johnson, who was made attorney-general.

In 1865, that House dissolved on the question of confederation with Canada, and his party succeeding, he was made attorney-general, and visited London with his party leader on a political mission.

In 1865, Sir James Carter, then chief justice, resigned, and Judge Parker having been promoted to that position, Sir John was appointed to the Bench of the Supreme Court, a position for which his studies and talent had eminently qualified him. Discharging the duties of that office until 1875, when Sir William Ritchie was transferred to the Supreme Court at Ottawa, Judge Allen was made chief justice, which position he now holds, making a service upon the Bench of nearly a quarter of a century.

His professional labors, aside from his judicial duties, gives the six or seven volumes of Allen's Reports, reporting the decisions of the Supreme Court of that province. He was, as early as 1847, the author of a Digest of the Court Rules, and of Legislative Acts, and it is a well known fact that he declined the honor of Q. C. in 1860, by reason of his political views differing from the party then in power. Judge Allen has won the respect, confidence and high esteem of the people of New Brunswick by his integrity, uprightness of character, impartiality as a judge and his sympathy with all movements which advance this province, or scientific endeavor outside it. Active, capable and wearing with great dignity his high honors at home, he was recently presented by the Bar, as a token of their regard for, and appreciation of his public career; with a service of plate. He was lately elected an active member of the Medico-Legal Society, when it assumed a national character, and was chosen one of the Vice-Presidents of the American International Congress of Medical Jurisprudence, at the session of June, 1889, and he takes a deep interest in the success and future of that body, then made a permanent organization for the advancement and development of medical jurisprudence.

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W. S. Ladd

CRIMINAL RESPONSIBILITY IN NARCOMANIA.

BY NORMAN KERR, M.D., F.L.S.,

President of the Society for the Study of Inebriety; Corres. Mem. Medico-Legal Society; Chairman British Medical Association Inebriates' Legislation Committee; Fellow of the Medical Society of London.

In some countries, as in Germany, Italy or Switzerland, there is a difference in the penalties inflicted by the law for crimes committed in a state of inculpable, as distinguished from culpable, intoxication. In most countries, as in America, England and France, the law does not officially recognize such a distinction. There have been occasions when English judges have even gone so far as to declare, following the ruling of the Spartan lawgivers, that drunkenness is an aggravation of the criminal act, and ought to call down additional punishment.

But the comparatively recent revelation of medical scientific research, that there is often a diseased condition of the brain in individuals guilty of either a sudden and unexpected outrage of the laws of decency or morality (or of a continuance of such outrages), while affected by alcohol or some other anæsthetic, has not been without influence on the administrators of justice. Jurisprudence was constructed at a period when no abnormal physical state in inebriety was suspected, except, by perhaps a few rare scientific enquirers, who were far in advance of their day and generation. Scattered here and there in the annals of English criminal procedure are deliverances from the judicial bench, as well as verdicts, which attest the growing influence of the discoveries of pathology and physiology on the humaner, more

merciful and withal juster legal treatment of the diseased inebriate.

In one case, two men were going home from a public house drunk. It was believed that the one as a joke tried to rob the other. But the prisoner was held to have been under the delusion that he was attacked in earnest by a real thief, and though he killed his friend, was acquitted. The judge said that the accused had clearly acted under the impression that his life was in danger, and under these circumstances could not be held to be criminally responsible (Reg. v. Price, Maidstone Summer Assizes, 1846).

This ruling would cover a large number of accusations for capital and non-capital offences. It would include many crimes committed during an attack of delirium tremens, for example. All the injuries to persons inflicted by the alcoholic trembling deliriate., which have come under my notice have been the act of a person under the delusion that his life or liberty was at stake. He believed that some one was after him, was trying to rob, maim, imprison or kill him, and in his terror he violently assaulted his presumed assailant. In other cases, he has injured persons unintentionally by clutching at them or clinging to them in the acme of his fear.

On one occasion, at sea, I had a very narrow escape from strangulation at the hands of a man suffering from delirium tremens. As I was about to leave his cabin, he was so afraid of my leaving him that he, while my attention was diverted from him for a second, had my trachea compressed by one arm in an iron grip of despair and frenzy (I being jammed up in a corner) with his other hand rigid on the door handle. I was helpless and voiceless. Nothing saved me from impending death but the being able to control him by my look,

with the consequent relaxation of his grasp, when I at once opened the door.

There have been a number of acquittals in charges of murder during delirium tremens. One of the most notable of these was the case of *Reg. v. Burns* (Liverpool Summer Assizes, 1865). The accused had murdered his wife. After the commission of this deed he appeared quite calm, and stated that he knew what he had done. His reason for killing his wife was that she was in league with men concealed in the walls. The jury acquitted the prisoner, on the ground laid down by Baron Bramwell that, though the accused might have known that the act was killing and was wrong, he was laboring under a delusion which led him to suppose that this delusion, if true, would have justified his action.

Another person was acquitted of feloniously wounding two individuals, on the plea that he was under the impression (from delirium tremens) that his house was being broken into (*Reg. v. Chaplin*, Warwick Assizes, November, 1878).

Yet, under almost similar circumstances, the accused have been found guilty, as in the following case. One man killed his friend, both being drunk, under the delusion that his friend was someone else, who was attacking him (*Reg. v. Paterson*, Norfolk Dent Assizes, 1840).

Mr. Justice Manisty, in *Reg. v. McGowan* (Manch. Assizes, Oct., 1878), where a man was found guilty of murdering his wife, though the medical evidence was to the effect that he was laboring under temporary disease of the brain from excessive drinking, ruled that disease produced by one's own act, such as delirium tremens, was no excuse unless the disease became permanent.

On the whole, though the plea has in some cases been unavailing to avert condemnation, there has of late

years been an increasing disposition in both judge and jury to accept a delusion of delirium tremens as a valid ground of acquittal. This is undoubtedly a step in the right direction. In some cases, the accused may not be wholly unconscious of the nature of the act, or of the difference between right and wrong; but he is beyond his own control, and is powerless to resist the dominating homicidal or suicidal impulse even in this partial consciousness of his actions. This delirium is as pronounced a disease (however short lived) of the brain, as is the delirium of typhus or typhoid fever. There ought to be no more criminal responsibility in the one disease than in either of the others.

It seems to me that on this point most legal and medical experts will be agreed. A uniform ruling to this effect would be an enormous gain to the successful administration of our criminal law. No drinker desires or intends to have delirium tremens. This disease (a leading characteristic of which is abject terror) overtakes him and comes upon him unawares.

To only one more point of medico-legal interest will I allude, viz : To the desirability, in fact the necessity, if justice is to be done, of an inquiry into the health-history of the accused. Though I treat specially of criminal cases complicated with inebriety, this procedure would often be judicious when there is no narcotic complication.

A sober, sedate, conscientious and well-living man or woman suddenly commits some gross breach of decency or order, is guilty say, of indecent conduct or of theft, without an apparent motive. In not a few cases which I have seen (in some of these cases no criminal proceedings were taken, in others there was a conviction or a reprimand), the immoral act, the theft, or the unex-

pected drunken outbreak, proved to be the first symptom of paralysis of the brain. What a terrible blunder to punish such a person as an ordinary criminal! The disgrace, the prison surroundings, the jail curriculum, have degraded the *morale*, often made a confirmed criminal of the convicted, and accelerated the paralytic march to the grave, the existence of an underlying disease having never been suspected till the incurable stage had been reached.

Such a neglect to inquire into the past health of the accused has often been as dishonoring to law and as costly a mistake to the community, as it has been fatal to the individual. A more enlightened procedure would have detected and recognized the presence of brain disorder in a considerable proportion of cases. The result would have been that though there would have been fewer convictions for crime, many persons would have been preserved from a criminal career, the heavy expenses incurred for not a few habitual criminals would have been saved, a large amount of brain disease might in its earlier and more curable stages have been cured, and quite a host of useful lives might have been restored to the community, while the dignity, power and influence of the law would have been greatly enhanced.

All these considerations apply with added force to the urgent need for an elucidation of the HEREDITY of the accused. Especially where inebriety is present should the family history be sought out. There are many individuals so handicapped, so permeated with the alcoholic or other inebriate inheritance transmitted from their predecessors, that the slightest sip on any pretence of an alcoholic intoxicant is apt to precipitate them into intoxication, with the risk of *incontinently and not of their own intent* being guilty of some criminal offence while

under the influence of the anæsthetic. There are others born with a brain so abnormal that the drink-impulse or the drink-crave is apt to be developed by any extraordinary disturbance or exhaustion of their nerve system. There are still others whose moral control is so deficient from birth that only with the greatest difficulty can they resist temptations from without or morbid impulses from within.

I am glad to be able to adduce a recent deliverance from the English bench in illustration of the importance of giving due consideration to heredity, in a case with inebriate complication. (*Reg. v. Mountain*, Leeds Assizes, 1888.)

A single man, aged 34, was tried for murdering his mother with prolonged violence, in the presence of a terrified domestic whom he had locked up in the room with them all night. He had suffered from delirium tremens about five years before, and for the last year had been subject to fits of excitement, and to delusions as to his life being threatened. He persisted in the statement that the victim was not his mother. One medical witness testified that at the time when the deed was done the perpetrator was suffering from *delirium tremens*, the other that the illness was *mania a potu*. Evidence was given showing an insane heredity. The judge, Baron Pollock, said that though no man could be excused on the mere plea that he had reduced himself to a want of reason by drinking, there were other circumstances here. One was that through hereditary influence the accused's infirmity and mental deterioration possibly did largely account for the criminal act. Another circumstance was whether, apart from drinking, the man was the subject of delusional insanity. The judge very wisely met the objection that if the prisoner had been an abstainer from alcoholic drink, he would not have been guilty of matri-

cide ; that as a certain amount of alcohol with his predisposition, made him a murderer, the accused should not have taken the little drop that upset his reason. Baron Pollock replied that the last man to know his own weakness is he who has a weak mind ; that such an one can not argue as doctors argue for him. The learned judge charged that if at the time when the murder was committed (though the accused had been a drunkard and had had delirium tremens) he had taken only such a quantity of liquor as an ordinary man could take without upsetting his reason ; and that the insane predisposition was the main factor, although the drinking of a small amount of alcohol was a contributory cause, the plea of irresponsibility, on the ground of insanity, was good. Happily, the jury returned a verdict in accordance with the charge of the judge.

In insanity it is now generally conceded that there is a lesion of the brain, though this cannot always be detected on a *post mortem* examination. There is now as much evidence to show that there is a brain lesion in inebriety, that diseased condition which I have ventured to call narcomania (a mania for intoxication by any anæsthetic narcotic). In acute mania, as in delirium tremens, this lesion is usually quickly repaired. In some forms of mental unsoundness and of narcomania, this lesion is so persistent that a prolonged course of treatment is required, while in a sensible proportion of cases, the lesion is practically irreparable.

In the interests of justice as well as in fairness to the accused, in all cases of alleged criminal offences committed either while under the influence of an alcoholic or other anæsthetic, or by a known inebriate in a non-narcotic interval, there ought to be a skilled inquiry into the previous health-history and heredity of the panel at the bar.

SEPARATE HOSPITALS FOR INSANE CONVICTS.

BY CLARK BELL, ESQ.

President of the Medico-Legal Society of New York.

While most alienists and legislators agree that the defenceless insane, should not be subjected to contact with those insane who have committed crimes, or with criminals who have become insane while serving sentence, there seems in the smaller states an insurmountable difficulty, in the way of erecting hospitals for the class called "Criminal Insane."

It is an outrage to compel an insane person to associate with convicts, sane or insane, and none feel this more deeply than the insane themselves, not even excepting their immediate friends.

This offence against the insane, by the states or authorities who commit it, is all the more indefensible because of the utter defencelessness of the insane themselves, even to protest against it. They have no organ, and no ear hears their voice.

Among all the most miserable of the human race, even under the most favorable conditions, there are no greater unfortunates than the hopelessly insane.

The Earl of Shaftesbury, after nearly half a century of experience with British asylums, public and private, broader and wider than any living man of his day, or of our century, declared his unwillingness to trust even the relatives of the insane, with the poor duty of visiting them in their affliction, and asked the English Parliament to make visitation by relatives compulsory by law.

Neglect, want of proper care and treatment, brutal attendants, want of proper sanitary precautions, cold, insufficient clothing, solitary confinement, imprisonment, restraint in all its forms, are ills which legislators can charge to the account, neglect or misconduct of the officials or superintendents in charge of asylums, their assistants and employees; but forcing the innocent insane to consort with convicts, is a crime of which the state that suffers it is guilty, and for which legislators and not medical superintendents, should be held responsible

RELIEF BY STATES.

How can this duty, which the State owes to its insane, be best discharged in a small State like Delaware or Rhode Island?

How can the offence and outrage perpetrated by the State, in committing the insane, called "criminal," to the State Asylum for the innocent insane, in States like New Hampshire and other of the lesser States be prevented and avoided?

These are the problems of the hour.

There were in 1880, 350 insane convicts confined in the various hospitals of the insane in the United States.

If it were true in any state that the number of insane called "criminals," was sufficient to warrant the construction of a small separate hospital for them, under a superintendent and assistants, that State would be wholly without excuse in not so doing.

Take the case of New Hampshire, which has only fourteen convicts committed either by order of the court, to the State Asylum, or by the Governor and council, from inmates of prisons, who became insane while serving sentence. It would not, perhaps, justify the erection of a costly building in that state for such a

small number, but a State like New Hampshire, who only contributes \$6,000 per annum to the support of the State Asylum for the Insane, might well purchase or lease a small property in which to care for the insane of this class, that would not of course, be attended with very much expense, and at the same time meet the issue in an honorable way.

It would not cost that state or any state more to support in an institution, with proper care, twenty or thirty inmates with one physician, one assistant and three or four attendants, than it would the physician who maintains a private asylum for a much less number, at his own cost, who receives compensation therefor.

There is in our judgment no state that has even five or six of this class of insane, who can honorably justify itself in forcing the insane called "criminal" into the State Asylum with the innocent insane, upon any such plea as that of the expense of maintaining so small an asylum.

When physicians competent for such a service can be found who will undertake to lease or furnish a suitable house for such a number, for a reasonable compensation, where can any pretence be reasonably or honorably maintained for the continuance of a system defended by none?

Even if there were force in the excuses, commonly presented by those officials responsible for the existing state of things in so many of the American States, there are, it seems to me, several remedies within the reach of legislative action.

1st. By the passage of laws in the states permitting the insane of this class from sister states to be received, by agreement, under such regulations and upon such terms, as would produce the desired result, and allow

the larger states to have these asylums, like New York and Michigan, to receive inmates from such states as had no asylums, at the expense of the state sending them, at a per capita rate.

2d. By two or more of the lesser states either uniting in the erection and maintenance of a suitable hospital for the wants and requirements of the states uniting in the expense, to be borne ratably or equally by each, and the government, management and supervision regulated by a board agreed upon by both, who would select the superintendents and employees.

3d. By one small state providing by treaty or arrangement for the care of its insane of this class, with another state, who either had such an asylum or proposed to erect one, and located so contiguously to each as to make a common use by the two, or more states, convenient to all, and to offer to each all the advantages of a large institution for the so-called "criminal insane."

RELIEF BY THE GENERAL GOVERNMENT.

Broadmoor Asylum, in England, reaches this class for that country, where the evil can be directly reached by the general government.

Cannot our general government reach also a solution of this question ?

The government of the United States now maintains a national asylum for the insane in the District of Columbia.

The same authority exists for the construction by the general government, of a suitable asylum for the insane called "criminal" as for the innocent insane.

At the present moment there is confined in the Government Asylum for Insane at Washinton, John Daley, recently committed, who killed at Washington Joseph

C. G. Kennedy. He was committed by the Supreme Court of the District upon the verdict of a jury pronouncing him insane when he committed the homicide.

The District of Columbia is not, perhaps, suitable for such a purpose, as it is smaller than the lesser states, and has less in population than most if not all of the States. If, however, the general government should erect in the district a hospital for insane convicts, it would not only be within its general province and powers, but would be the simple, direct discharge of the same duty and obligation which rests upon the several States, in what the Government owes to the insane of the nation of this class ; and the same responsibility rests upon Congress for the District that rests upon the legislatures of the states for their citizens.

If Congress, in establishing this hospital, should provide that insane convicts from any state or territory where no hospital for insane convicts was in existence, might be committed to the National Hospital, either by the courts at the trial, or by the authority of the governors upon such terms as should be just and equitable among the states—if it was felt that such a change should not be maintained at the expense of the general government—the problem might thus be immediately solved.

The case of Daley and similar cases occurring or likely to occur, brings this live question, with its responsibilities, upon our national government.

We hope that it will be met with promptness and that consideration which the importance of the subject demands.

The Government of the United States would doubtless add to the dignity and greatness of the nation by establishing on a scale equal to the establishment at Broad-

moor, England, a hospital for insane convicts, intended to provide for that class throughout the nation, on a plane equal and abreast with the civilization of the age, which would at once remove the existing evil, and erase from our states the stigma now resting upon those who commit their insane from motives of pretended economy to the state hospitals where the innocent insane are confined.

THE DISPOSITION TO BE MADE OF CRIMINAL LUNATICS.

W. W. GODDING, M.D.

Vice-President Medico Legal Society, Superintendant Government Hospital
for Insane, Washington, D. C.

In capital offences, given the act committed and the irresponsibility shown, what then? Three methods of disposal are open—to keep him, to hang him, to let him go. Undoubtedly hanging is the surest disposition that can be made of these witless homicides. The legal mind, with more faith than the medical mind in hemp as a remedial agent, seems to think there is a moral force in the gallows to deter the insane from crime. That hanging acts to prevent a recurrence of the offence in the individual case is evident, being final in its conclusions and not subject to revision. As an object lesson to other lunatics, its effect is absolutely *nil*. But the legal profession is not alone in advocating the execution of the insane. In crimes of great atrocity and in state cases, the public mind seems to experience a relief from the hanging of the lunatic, witness the executions of Riel and Guiteau. However thoughtful minds may regard it, the multitude have in all ages been found consenting to—nay, clamoring for—the death of the insane homicide. Physicians have been only too ready to join in the cry of “away with him,” and a prominent medical advocate of this method in our day has argued that it is necessary that some lunatics should be slain like wild beasts for the protection of society against their ravages. A proposition false in its premises and monstrous in its ethics, that associated with the name of its author as a curiosity of the medical development of the

nineteenth century, will go down to posterity as showing the degree of evolution reached in the direction of morality and medical jurisprudence by one of the most versatile writers of the time. The execution of lunatics is not needed for the protection of society ; it is not consonant with the civilization of the day, and under the enlightened rulings of Judges Somerville and Montgomery, it is taking its place with whips and cages and whirling chairs among the obsolescent methods of dealing with the insane.

While the method by hanging is faulty, that by letting him go is simply absurd. It is a "sowing of the wind to reap a whirlwind." The only form of the disease in which this disposal of the case is to be commended, is that transitory mania where the person is sane the moment before and the moment after, and insane only at the supreme moment of the shooting. Here a law higher than any code steps in to weigh the purity of the home against a libertine's life, and the community takes no thought to reconcile its verdict with the clinical observation of experts in mental disease, but only "to fit the punishment to the crime."

There remains the other disposal of the criminal lunatic, viz: to keep him; and this, in the light of all that is known of insanity, seems the proper thing to do. The community has a right to protection against the aimless blows that fall from maniac hands. The finding "not guilty by reason of insanity" of a person who has committed a capital offence should carry with it the presumption of continued insanity, and the forfeit of the personal liberty of the individual. For his confinement, something more than common law—some special legislation in each State—will be needed. The law in Massachusetts seems fairly to meet the requirements of the

case. It commits the person thus acquitted to one of the State lunatic hospitals for his natural life. He may be discharged therefrom by the Governor, by and with the advice and consent of the Council, when he is satisfied, after a hearing of the matter, that such person may be discharged without danger to others. It is the same authority that exercises the pardoning power in criminal cases. The community would be in little danger from premature discharge under such a law.

Shall such confinement be in the ordinary hospital for the insane? Hospital treatment at the present day tends toward greater liberty and absence of all restraint. It will not do to set back the hands on the dial of this progress by making the hospital a penitentiary, and, because you have there five whose insanity has been associated with crime, refuse to a hundred other insane, on whose lives there rests no blood stain, the widest liberty and that withdrawal of restraint which their condition permits. Yet, we cannot allow the five homicidal ones to escape into the community.

The difficulty may be met either by providing a separate hospital for the criminal cases from all parts of the State, or, what seems to answer the purpose equally well, provide a distinct building within the grounds of each State hospital where the criminal class may be properly and securely cared for under that hospital's superintendent.

The provision already made at the Government Hospital, at Washington, D. C., will serve for illustration. Here a building entirely distinct, yet of easy access from the main hospital edifice has been provided for those convicts and criminals under United States laws, who have become insane. The building is named Howard Hall in honor of the philanthropist, Howard, who

gave his life to prison reform, and lost that life in caring for a fever-stricken prisoner in Russia.

Howard Hall is a plain, brick structure substantially built and made practically fire-proof, consisting of a three-story centre building with basement with two two-story wings at right angles affording rooms for the inmates. In the centre building are the offices, a common dining-hall, a work-room, an amusement-room, a smoking-room, and at the inner angle, so as to connect with either wing, are rooms for the attendants. Each wing contains in its two stories thirty single rooms for inmates, with sitting-rooms for day and evening, having at the end a projecting tower for bath-rooms and water closets. It would have been easy to have made these single rooms for the inmates in an interior structure after the manner of the modern prison, thereby increasing the security against escape. But such provision would have differed very little from the walls they had left behind, and, recognizing that they were sick persons asking treatment rather than prisoners who had forfeited their liberty for crime, the rooms were placed on the outer walls, opening their windows to the air and sunshine, conceding in their design more to the hospital than to the penitentiary idea. For security against escape, there are wrought iron guards outside the windows, and in some of the rooms strong shutters with wire guards on the inside. The cost complete should not exceed \$1,000 per inmate. While the building as at present occupied consists of a rectangle, the plan contemplates an additional rectangle, which would give the whole structure the form of a hollow square with enclosed open court, where the inmates can be in the outdoor air at will during the day. The completed Howard Hall will then afford one hundred

and twenty single rooms for as many inmates, arranged in eight distinct wards, with the dining halls, work and smoking and amusement rooms in duplicate, affording opportunity not only for classification according to the type of disease, but also by a separate classification meeting the objection that the man of upright life, overtaken by the sudden violence of homicidal mania, and hence in no sense guilty, is compelled to associate with the convict, whose life has been steeped in crime, and whose insanity may be the direct outgrowth of his vices.

Already in the practical working of Howard Hall is there a decided gain over the old method of commingling the convict and criminal insane with the general household, a method that was inevitable under the limitations of the former buildings. Both classes are gainers by the change. Those who are left behind are relieved of the presence of unpleasant companions, and have, therefore, a greater freedom from the restraint of bolts and bars, as well as a rest from the mental irritation growing out of what they regard as an objectionable association with crime. The criminal class, secure in wards of smaller numbers, lodged in single rooms, and having ample spaces for recreation and employment, feel a relief at once.

More than one-half already work at some form of industry, such as braiding or drawing mats, cane seating, making, mending or sponging clothing, and grow happy and content thereby. They go to their smoking-room or their games, having earned a right to these things by their labor. Their noise and discontent are visibly lessened. It is in contemplation to enclose a considerable plot of ground that some may work at gardening and keep pet animals if they desire. The lesson of

the Picciola flower tended up from between the stones of the prison yard, should teach us something here. If Howard Hall is to accomplish what is needed for this difficult and dangerous class, who, with all their imperfections and infirmities are still our brothers, it must be made more than a secure enclosure for the protection of society; it ought to give back something in return for the loss of liberty which it entails; there should be some healing in its touch; some virtue to go forth from its name. Then let the ivy come to cover its walls, the roses to look in at its casements, that these lives, under a ban elsewhere, for whom the world has left no other shelter, may find here, not a prison, but a home.

*NOTES ON MEDICAL EXPERTISM IN THE OLD WORLD.**

BY A. WOOD RENTON, ESQ., of the London Bar.

From the pages of Calmeil and Du Saulle, one can almost reconstruct the mediæval world into which the science of forensic medicine may be said to have been born. The various ranks of society were still held together by the old cement of feudalism, crumbling, indeed, yet firm enough to prevent any union between the strata which it separated, and exaggerating in its decay those opposite vices of tyranny and servility which it had ever tended to foster. In an age already enfeebled by a feudal constitution, the phenomena of demoniacal possession reappeared. Touched with the ignorance and the passion of superstition, mediæval Europe arose, and sought to check the alarming sorties from the world beneath. Every class of society sent its representatives to the new crusade; every state contained within itself a complete apparatus for the detection and punishment of the wretches who were possessed with the devil—priests to instigate prosecutions, informers to forge evidence, officials to prosecute, judges to sentence, and executioners to burn. Now, the first recorded point of contact between law and medicine was in connection with those prosecutions for sorcery and witchcraft. Just as it was the duty of the theologian to provide a religious sanction for the fury of the populace

* Read before the International Medico-Legal Congress, New York, June, 1889, by Clark Bell, Esq., on behalf of A. Wood Renton, Esq., Barrister-at-law, London.

and the cruelty of the judges, so the student of demonology, from the philosophical or the practical point of view, was expected to furnish a scientific apology for the prevailing panic. Sometimes, when I recall the wealth of imagination and of ignorance which the first scientific experts displayed alike in their writings and in their utterances, I am amazed at the assurance of those critics who carp at the inhumanity of the early tests of criminal responsibility in mental disease, and at the lawyers who are assumed to have devised them, and I could wish that the preliminary chapters in Calmeil were as widely known as the story of that judicial savage, who would have gathered all the witches of Burgundy together, and destroyed them at a blow.

In the short time, however, during which I shall have the honor of addressing you, I cannot hope to treat exhaustively the historical aspect of my present subject, nor will it be possible to survey the origin and growth of medical expertism upon the Continent of Europe. I propose to offer an answer to the following questions, of which the first possesses a speculative, and the second a practical importance:

1. What circumstances have given rise to, and have improved its present equivocal character upon *medical advocacy* in the United Kingdom?

2. What can be done to place the medical expert in a more satisfactory position in our courts of law?

1. Early English procedure seems to have been inquisitorial. The judge was regarded not as a *State arbiter* whose simple duty it was to hear and decide between the conflicting cases set up before him, but as a *State official* expected and required to institute independent investigations. While this conception of legal procedure prevailed, the position of the medical expert was,

naturally and in fact, that of an assessor to the courts of law; and, unless my memory fails me, there is evidence in the early State trials that in England, as on the Continent, the professional ancestors of Taylor and Christian shared the delicate functions of advising the legal tribunals with the apothecary and the midwife.

But civil and criminal procedure gradually became judicial in character. The judge ceased to exercise, if not to possess, those executive powers—the analogies to which are still theoretically inherent in the sheriffs of Scotland, and conformed to the sounder, and, except in England, more primitive type of an official arbitrator, whose judgment is based upon and confined to facts presented to him by the litigants or parties themselves. Now, the genesis of this new idea was logically followed by the exodus of the assessor from the bench to the witness-box. I have now shown how the science of forensic medicine was, if not called into being, at least greatly stimulated by the necessities of the crusade against demoniacal possession; and have pointed out that the disciples of the new science were, particularly, though not exclusively, in England, assessors before they ultimately became experts. It still remains to account for the origin of medical advocacy, and the disrepute into which it has fallen. To some extent, expertism necessarily involved advocacy. The expert was summoned as a skilled witness to support certain conclusions which he well knew would be strictly tested and, if possible, disproved, by testimony as qualified and as credible as his own. Human nature being what it is, a certain degree of heat and a certain proportion of dialectic sparks must inevitably have been caused by the friction of irreconcilable scientific opinions. But the circumstance which, at any rate in En-

gland, stamped upon medical expertism its distinct and peculiar character was the application to the position of the expert of the reasoning by which the status of counsel was justified. Of course, the analogy was a false one, but we cannot be surprised that it should have been tacitly relied upon. English law already acknowledged the right of a legal expert to sum up everything that could be urged in favor of a given proposition, and to ignore everything that militated against it; and there was nothing immoral in this anomalous privilege, when its exercise was publicly recognized, and its abuse was prevented by effective safeguards. Why should not the tribunals equally admit, and the public equally acquiesce in the claim of a medical expert to accept a retainer for the attack or defense of a scientific opinion, and why should not the expert be endowed with the same latitude of assertion and the same immunity from civil consequences which were enjoyed by the Bar? Now, it is not here intended to expose the fallacious character of this assumed analogy, or to show how little can be urged in favor of a regime from which every medical expert in the Old World desires to be released, or to release his brethren. I pass on to consider another cause, purely historical in character, of the disrepute into which expertism has fallen.*

From the electric atmosphere of the French Revolution had been generated that theory of *manie sans délire* which will be forever associated with the name of Pinel. Exaggerating, if not, indeed, mistranslating the language of this distinguished alienist, his disciples, Marc and Esquirol and several other writers, foremost among

* Many of the ideas, and some of the sentences in this part of the paper are taken from a short article on "Expertism," published by me in the *Medico-Legal Journal* for December, 1887.

whom were Prichard and Ray, familiarized the public mind with an alleged type of *manie sans délire*, indistinguishable in its characteristics from simple "moral depravity." That a residuum of fact underlay the speculations of these writers I am not prepared to deny, but I venture to assert (1) that the irresistible criminal impulse theory derived little countenance from the *observations* of Pinel himself; (2) that the cases on which this dangerous superstructure was raised were sometimes irrelevant, often inconclusive, and always ill assorted; and (3) that the doctrine of moral insanity, as I have just defined it, was put forward by alienists in the English courts of law without any apparent consciousness of the responsibility which they were incurring.

Whatever its scientific value may be, it is incontestable that the theory of *manie sans délire* was presented by English experts to the minds alike of judges and of criminals as affording a convenient apology for every morbid appetite, and every crime of exceptional brutality. Whenever the arm of justice was raised to strike, the medical expert plucked her sleeve and sought to paralyze the blow. It seemed as if the sanction of science was to be given to the prayer of the prophet: "Oh, God! Be kind to the wicked. To the good Thou hast already been sufficiently kind in making them good." Against this apotheosis of viciousness, the grim school of Alderson and Rolfe arose in healthy revolt, and insisted that if moral insanity, thus interpreted, was a disease, the proper hospital for its treatment was the treadmill or the scaffold.

From its alliance with French celebrities, and, perhaps I might add, from its unseemly struggle to save the life of the poisoner, William Palmer, medical expertism in England has never recovered. Inheriting the traditions

of its ancestry, the legal profession has never honestly acknowledged the splendid services which even medical advocacy has rendered to science and humanity, and has unworthily meted out to men of the calibre of Taylor and Maudsley, the strictures that were not wholly undeserved by Prichard and Ray and Nunneley. The wings of counsel have indeed been somewhat shorn since the insolent question "Upon your solemn oath, Levi, and in the face of the profession, do you persist in swearing so and so?" was considered indispensable to an effective medico-legal cross-examination; but the medical witness has still imputed to him with Calvinistic precision, not only the full weight of his actual transgressions, but the original sins of presumptuousness and partizanship, which are held to have descended to him by professional generation.

2. The end for which all students of forensic medicine in the Old World are striving is *to reconvert the medical advocate into the medical assessor*. Now, an English lawyer at least is estopped from disputing the desirableness of such a change by three notorious precedents in his own system of jurisprudence. I refer (1) to the practice of the Admiralty Division of the High Court of Justice, by which questions of admiralty law are determined with the aid and advice of nautical assessors; (2) to the special power conferred by the Patents Act, 1883, upon the Law Officers of the Crown, the Court of Appeal, and the Judicial Committee of the Privy Council, to summon a scientific assessor to their assistance, in dealing with Letters Patent for inventions;* and (3) to that section in the Judicature Act which empowers any Judge of the High Court to call in the aid of an assessor

* The Parliamentary Reports on the Patent Laws (1851-1865) contain much information of great value by way of analogy.

in any cause or matter *other than a criminal prosecution by the Crown*. Under the existing adjective law of England, there is nothing to prevent an assessor from being summoned to the trial of any action in which a medico-legal issue is raised or arises; and the extension of the same power to criminal cases is a logical, as it is a practical necessity. The creation by statute of a body of public assessors would be a complicated remedy, and as new branches of expert evidence appeared and developed, would be found to be incomplete. All that seems to be requisite is that every judge of criminal jurisdiction should possess the power, conferred by the Judicature Act upon the Judges of the High Court in civil proceedings, to call in the counsel of a competent medico-legal assessor. The problem of how to adjust the relative functions of judge and assessor has already been solved by the Patents Act, and the admiralty practice, and need not detain us now. The considerations which I venture to press upon you in closing are these: (1) the disrepute into which medical expertism has fallen in England arises from historical and accidental causes, which are capable of being corrected; (2) the principle that an expert should be an assessor, and not an advocate, or at least, that the courts of law should have the assistance of experts who are not advocates, has already received statutory recognition in this country, and is countenanced by the best qualified opinion, both upon the Continent of Europe and in America.

When the change which we desire has taken place, the *dictum* of Bonnier will have acquired a new and a better significance—*L'expertise n'est qu'un verre qui grossit les objets*.

*THE MEDICO-LEGAL POINTS IN THE CASE
OF THE PEOPLE OF THE STATE OF
MICHIGAN VS. MATHEW MILLARD.*

BY VICTOR C. VAUGHAN, M. D., Ph. D.,
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Michigan.

This case possessed several points of medico-legal interest, and since they have never been formally presented to the public I have thought that such a presentation might not be without profit. The history of the case is briefly as follows :

Early in 1882, Mathew Millard with his wife and child lived in the village of Palo, in Ionia Co., Michigan. Millard was engaged quite extensively in business, carrying on a manufactory of agricultural implements, a general store, a bank and an undertaking establishment. Before the last illness of his wife he sold the undertaking business. Mrs. Millard had suffered for some years with a chronic uterine affection, the exact nature of which does not seem to be definitely known, but which was accompanied by spinal irritation and irritability of the stomach, causing nausea and vomiting.

On the 23d of April, 1882, Dr. Epply was called to see Mrs. Millard, and continued in attendance until her death, on May 9. During this sickness Dr. Pray, of a neighboring town, was called in consultation two or three times. Dr. Epply testified that she complained of pain in the head, distress and burning pain in the stomach, thirst, dizziness, nausea and vomiting. He also stated that she had diarrhoea, but this could not have

been very persistent as he administered cathartics and ordered injections for the purpose of evacuating her bowels more than once during her illness. On May 9, as has been stated, Mrs. Millard died. On the 22d of the following August her body was exhumed and "seven or eight inches of the rectum" placed in one jar, and six or eight ounces of the liver and about one-third of the left kidney in another jar, were sent to Prof. Prescott, for analysis. Prof. Prescott testified in regard to the finding of arsenic in these portions of the body, as follows :

"I discovered what I estimated to be about 15 grains in the entire contents of the large jar, containing the stomach and portions of the rectum, and about $1\frac{1}{2}$ grains in the contents of the smaller jar, which contained portions of the liver and kidney. I estimated that there must have been from 6 to 15 grains in the liver and kidneys, judging from the amount I found in the portions I analyzed."

On the 20th of the following September the body was again taken up and the brain and a portion of the muscles from the calf of the leg removed, and these were also sent to Prof. Prescott for analysis. In these no traces of poison were found.

The prosecution claimed that the husband, Mathew Millard, at various times from the 25th of April to the 9th of May, administered arsenic to his wife, and that the marked nausea, vomiting and distress in the stomach before death, and finally death itself, resulted from the arsenic so administered.

The defence claimed that death resulted from natural causes, and that the arsenic found in certain organs by Prof. Prescott was due to an attempt to embalm the body, undertaken by the husband with the aid of his

brother. They (the husband and his brother) swore that a few hours after death they suspended one teaspoonful of white arsenic in a teacupful of water, and threw one Davidson syringe-ful of this into the mouth, and injected the remainder into the rectum. The reason for doing this, the husband stated to be that at that time he intended to send to Detroit for a casket, and this would delay the burial for some days. It was shown that Millard did ask the undertaker to embalm the body, and when the undertaker replied that he did not know how, Millard told him to get arsenic (according to Millard's evidence, and strichnia, according to the evidence of the undertaker) and that he would embalm the body himself.

As I propose to give attention only to those points which are of medico-legal interest in the case, a further statement of the claims of both sides is not necessary here. Some of these will unavoidably come up in the examination of the special points.

The attending physician, Dr. Epply, stated on the witness stand that he had an idea as early as the 25th or 26th of April that arsenic was being administered to his patient, Mrs. Millard ; but he made no attempt to ascertain whether or not his suspicion was just ; he administered no antidote for arsenic ; he did not attempt any analysis of the vomited matter and secretions, and after death, when others began to talk of their suspicions, he discouraged a post mortem examination as unnecessary.

Justice Campbell, of the Supreme Court, in ordering a new trial, criticised these statements and actions of the Doctor very mildly, I think, when he said : "The duty of a physician to save life and the duty of a citizen to prevent and expose crime are so manifest that we are bound to suppose the suspicion was not entertained defi-

nately, or that the symptoms could not have appeared plainly indicative of poison at the time."

I am inclined to think that the general sentiment of both the legal and medical professions would be that the physician who should knowingly allow his patient to be poisoned without using every endeavor to prevent the same should be adjudged *particeps criminis*.

The following is a point of minor importance, but yet worthy of attention. When it became known that Millard would be tried for the murder of his wife, the physician who had attended her went to the drug store and took for a time the prescriptions which he had written for her, from the file. There is no doubt that he did this for the simple and sole purpose of refreshing his memory as to what he had prescribed, but it gave opportunity for enemies to make insinuations.

Since the Millard trial I have constantly used a prescription book interleaved with thin paper, and by means of a carbon sheet I have an exact copy of each of my prescriptions. The advantages in this are so many and so obvious that I will not enlarge upon them.

In the post-mortem examination two serious mistakes were made. In the first place it had been supposed that this woman died of disease, yet at the autopsy no attempt was made to ascertain whether there were any structural evidence of disease or not. The sole object seems to have been to secure certain portions of the body for analysis. The brain was secured for chemical examination, but no one, it seems, thought to look for a diseased condition in it. The uterus and spinal cord, which had received attention from the doctors during life, were not examined at all, and the sole object in taking out the stomach was to ascertain whether or not it contained a poison. To a medical man who has been frequently

called as an expert in criminal cases, it has sometimes seemed that in his desire to convict, the prosecuting officer may neglect to do justice. However this may be, the prosecution in this case would have been much stronger could it have shown that the uterus, spinal cord and other important organs were not altered by disease.

The second serious mistake in the post-mortem examination was the placing of two portions of the body in the same receptacle, and so mixing them that the chemist could not tell whether one or both furnished the poison which he found.

Another serious defect in the prosecution was the assumption in hypothetical questions of facts, which had not been shown or proven by any witness. No one claimed to have any knowledge of the administration of the poison by the defendant, yet one of the questions asked the experts was as follows :

“ If arsenic was given in quantities from day to day during a period of 17 or 18 days, sometimes in larger quantities, sometimes in smaller quantities, sometimes oftener, and sometimes not so often, so that ordinarily it would produce vomiting and spasms, and from two to three hours prior to death a quantity of arsenous acid, equaling from 10 to 17 grains. should be given to a patient, and then two or three hours after such administration the patient should die in spasms, and no vomiting occurring after the giving of the last powder before death, what would you expect to find upon analysis of the stomach ? ”

In this question the administration of arsenic is assumed, and it had not been proved by a single witness.

In this trial the experts were compelled to listen to the witnesses who testified as to fact, and then when

the expert went on the stand such questions as these were asked :

Q. You heard the testimony of Mrs. Wortman ?

A. Yes.

Q. Supposing the testimony of Mrs. Wortman to be true, were the symptoms which she describes those of arsenical poisoning ?

In this way the expert was made to take upon himself the duty of a juror, and to interpret and measure the value of the testimony given by Mrs. Wortman. The error in this is evident.

Experts on both sides were allowed to quote from books in order to confirm their own statements or to contradict those of an opponent. On this I shall be pardoned for making a somewhat lengthy quotation from Justice Campbell :

No one has any title to respect as an expert, or has any right to give an opinion on the stand, unless as his own opinion ; and if he has not given the subject involved such careful and discriminating study as has resulted in the formation of a definite opinion, he has no business to give it. Such an opinion can only be safely formed or expressed by persons who have made the scientific questions involved matters of definite and intelligent study, and who have by such application made up their own minds. In doing so it is their business to resort to such aids of reading and study as they have reason to believe contain the information they need. This will naturally include the literature of the subject. But if they have only taken trouble enough to find or suppose they find that certain authors say certain things, without further satisfying themselves how reliable such statements are, their own opinion must be of very moderate value, and whether correct or incorrect, cannot be fortified before a jury by statement of what those authors hold on the subject. The jury are only concerned to know what the witness thinks and what capacity and judgment he shows to make his opinions worthy of respect; if the opinion of an author could be received at all, it should be from his own words, not in single passages, but in combination ; and this as has been heretofore held, cannot be done. It is excluded chiefly as both unknown as to value and as hearsay, and an attempt to swear to his doctrines orally, would be hearsay still further removed, besides involving the other difficulty of needing interpretation and responsibility.

The exclusion of reference to books in the courts has been a great advance in the nature of expert testimony. The most absurd evidence I ever heard from the witness stand, given as a scientific fact, was supported by an

“authority.” Even good authors were misunderstood, and detached portions of the book were given an interpretation of which the author probably never dreamt. In the Michigan courts at present the introduction of a book is allowed only when the witness states that a certain book contains a given statement; then the book may be introduced to contradict the witness. This was allowed in *Pinney v. Cahill*, 48 Mich., 584. “It was distinctly stated in *Marshall v. Brown*, 50 Mich., 148, that attempts to evade the excluding rule by examining or cross-examining in such a way as to get an opportunity to get books before the jury, could not be permitted.”—Justice Campbell.

The most important question which arose in the Millard case was concerning the possibility of the diffusion of arsenic through the dead body. The chief fight was made on this point. This matter had figured somewhat a few years before in another Michigan case, the *People v. Hall* (See 48 Mich.) The principal experts were the same in the two cases, and the questions had received some thought and much discussion. Indeed, so far as I know, and I had reason to look up the matter quite thoroughly, the Hall case was the first in which any degree of importance was attached to the question of the diffusion of arsenic, or any other poison, through the dead body. In the Millard case the experts were asked in sum and substance as follows: Granting that white arsenic suspended in water was injected into the mouth and rectum a few hours after death, would it diffuse through the body to such an extent that it would be found in the liver and kidney?

One expert for the prosecution answered this question as follows:

If arsenic were injected into the stomach and rectum after death, it certainly would not reach the liver from the rectum, and I do not think it would reach the kidney. A small quantity of arsenic might reach the portion of the liver in contact with the stomach. I do not think it would reach the kidney by diffusion after death. After death arsenic soon changes to an insoluble sulphide and ceases to separate; this would occur whether administered before or after death.

A second expert for the prosecution was very cautious in giving his opinion, as the following questions and answers will show :

Q. If arsenic was put into the stomach after death, what, in your judgment, is the probability of it passing through into the liver by imbibition or such portions of the liver as were not touched by the stomach ?

A. You must give me more factors than that to pass judgment on, I must know whether the cavity of the abdomen was empty or whether it was full of fluid.

Q. Say it was empty ?

A. I think if it was empty and the stomach was not lying upon the liver or touching the liver, there would be no imbibition to speak of.

Q. Suppose it was not dry ?

A. It would pass. There would be imbibition from one organ to another; because chemists have demonstrated the fact that poisonous substances will pass through a bladder into the water on the opposite side. It is what we call dialysis.

Dr. Kedzie, for the defence, answered the question as follows :

I endeavored to find out whether arsenic would diffuse itself through dead matter in the same way that salt would. I tried to get the experiment in such way that I could see the result. For this purpose I put a quantity of arsenic in a very dense solution of gelatine, which is an animal substance similar in properties to the tissues of the human body. This I put in the bottom of a large test tube. I allowed this to cool so that it set into a solid mass. Then I took some more of the gelatine and put it into the tube, allowing it to cool and grow solid. In this last was put some hydrogen sulphide, so that if the arsenic should pass upward into the gelatine it would be detected by the color. The two portions of gelatine did not mix; they simply came in contact. After a moment there was a little tinge of color where the substance came in contact, and the yellow line gradually widened. At first it was only as thick as a piece of paper; then in 24 hours a quarter of an inch, and the next day still higher, and so on.

The writer, for the defence, testified as follows :

If arsenic should be injected into the rectum and stomach after death, I would expect to find it in the adjacent viscera within 24 hours. I believe

this from my reading and from direct observation. Taylor reports a case where a stomach was wrapped in a piece of wall paper which had been colored with arsenic ; the side of the paper next to the stomach was that which was not colored. The next day the contents of the stomach were analyzed and found to contain large quantities of arsenic which had passed from the paper through the walls of the stomach. A week ago last Thursday I took from the body of a person who had been dead but a short time parts of the intestines. I tied one end of a portion of the intestines so that a fluid would not pass through (save by diffusion), injected the intestines with arsenic suspended in water, tied the upper end and suspended the intestine in a dilute solution of hydrogen sulphide, so that as soon as the arsenic should pass through the walls of the intestine, it would show by its color. When I first put it into the fluid there was no coloration, showing that there was no arsenic on the outside of the intestine. After three hours the fluid on the outside was colored, showing that the arsenic had passed through the walls of the intestine into the surrounding fluid. I also took another portion of the intestine and placed arsenic in the same manner inside, then suspended this in a dry beaker, and in about the same time I detected arsenic on the outside of the intestine. If within 24 hours after the death of Mrs. Millard, arsenic to the amount of one-half a teaspoonful had been injected into the stomach and rectum, and the body buried, and examined 105 day, afterwards, from my reading and the experiments just given, I certainly would expect to find arsenic in the liver from that injected.

The evidence from the books on the point introduced in the trial beautifully illustrates the wisdom of the learned judges of the Supreme Court in pronouncing such testimony inadmissible. Thus Taylor, in his old, but in many respects admirable treatise, " On Poisons," which was the book most frequently referred to, gives a number of facts which clearly demonstrate that post-mortem diffusion may occur. He refers to the experiments of Orfila and Kidd, which fitted the case in hand exactly, but his conclusions, which are not justified by the facts which he gives, are on the whole against cadaveric imbibition, as he terms it. He says :

The effects of cadaveric imbibition have been greatly exaggerated. Observation shows that it is too limited in extent to affect materially the conclusion usually drawn from the detection of poisons in the tissues. When a dead body is examined for a mineral poison (such as arsenic or antimony) shortly after death, and it is found in the liver or other soft organs, it is a fair inference that it was deposited in them during life.

It must be remembered that the use of arsenical embalming fluids was not so common in 1859, when Taylor wrote the above, as it was in 1882. But on another page he supposes that arsenic should be introduced into the stomach after death from natural causes, and concludes that even in such case the expert would not be deceived and could tell with certainty whether the poison was given during life, or was introduced after death; a conclusion in which chemists of to-day cannot concur.

Several questions subordinate to the general one of post-mortem diffusion, arose in the Millard trial. It will be remembered that the amount found in the liver was large, from 6 to 15 grains. The defence held that this large amount could not have in any probability accumulated in the liver during life. The patient must have died before this amount could have been absorbed. The prosecution having denied the possibility of post-mortem diffusion could not claim that the excess in the liver had resulted from the cadaveric imbibition from the stomach of a portion of the large dose supposed to have been administered just before death.

Again, it was claimed by the prosecution that a solution of arsenic injected into the rectum after death, would not even in part be retained on account of the relaxed condition of the sphincter ani. In favor of this view an undertaker was allowed to testify as an expert. But the learned judge, in reviewing the case, stated that the undertaker

“presented no claims entitling him to give an opinion as a scientific expert, and his testimony was improper so far as it related to anything but specific facts.”

The defence held that arsenic suspended in water and injected into the rectum after death, would be largely

retained mechanically, even if the greater portion of the water should pass out.

The defence held that if it were possible for a person to live long enough to accumulate from 6 to 15 grains of arsenic in the liver, at least traces should be present in the brain. In all cases of undoubted death from arsenic, when the brain was examined it had been found to contain the poison. The relative amounts in the brain and liver are variously stated, the smallest proportion being 1 in the brain to 90 in the liver, therefore if one-ninetieth of the quantity found in the liver be a detectable quantity, it should be found in the brain. One-ninetieth of 6 grains is a detectable quantity, and as no arsenic was found in the brain, the large quantity found in the liver could not have accumulated in that organ during life.

With the arguments, substantially as given above, before them, the jury pronounced the respondent guilty, and he was sentenced for life.

After the first trial, assisted by Mr. Dawson, I made some experiments which proved beyond a doubt that arsenic may diffuse through the dead body. A record of these experiments, including an experiment by Prof. Kedzie, may be found in Vol. 1 of the *Journal of the American Medical Association*. Similar experiments have since been made by a number of persons with like results.

On the second trial only one additional scientific question of importance came up. The prosecution had attempted to detect arsenic in the soil on which the vomited matter had been thrown, some months before. Finding no arsenic, the prosecution claimed that it had been washed into the deeper layers of the earth and distributed in every direction. The defence held that the arsenic became fixed in the soil by combination with

iron and lime, and would not be washed out by rain. They explained the non-absorption of arsenic by potatoes, after Paris green had been extensively used on the vines, by the formation of these insoluble salts. The fixation of arsenic in the soil has since (1885) been experimentally demonstrated. (*Comptes Rendus*, 100, 1889.)

On the second trial the respondent was acquitted.

THE POST-MORTEM ABSORPTION OF STRYCHNIA.

BY GEORGE B. MILLER, M.D., PHILADELPHIA.

Since, as has been universally conceded, a *metallic* poison like arsenic, when introduced into a body during the cadaveric state, can be recovered by proper chemical analysis, and at the same time present no appreciable difference from that taken into the system during life, it naturally becomes an interesting question whether a *vegetable* poison, placed under the same condition will behave in a like manner. In the early part of 1884 a few experiments were undertaken with arsenic, a metallic, and strychnia, a vegetable poison. The earlier interesting results relating to arsenic have been published.* Those, however, relating to strychnia were not, for very justifiable reasons. In order to become possessed of indisputable evidence of the after-death absorption of strychnia, the present experiments have been instituted, and with results fully detailed below.

This toxic agent was introduced into the animal as in previous experiments, by the following procedure: The gullet was exposed, then a longitudinal incision was made in the median line of the neck just below the larynx into the oesophagus, and a ligature placed immediately above the incision; into the opening thus made a tube was passed through the gullet into the stomach. After the gullet was tightly secured to this tube, the solution of strychnia was poured into this receptacle—

**American Naturalist*, February, 1886. *Medico-Legal Journal*, June 1887.

the tube then withdrawn and the lower portion of the œsophagus tied below the incision.

The process employed for the recovery of the strychnia was the following : “ The organ is placed in an evaporating dish and cut into small pieces, the mass rendered sufficiently liquid by water, some strong alcohol is added, and the whole well stirred and acidulated with sulphuric acid, in the proportion of about eight (8) drops of concentrated acid to each fluid ounce of the mixture.

It is then digested at a temperature of about 180° Fahr. with frequent stirring for half an hour or longer, and, after cooling, strained through a fine linen cloth, the residue well washed with acidulated water and strongly pressed. The strained liquid, including the washings, is concentrated on a water-bath, and when much organic matter has separated, again strained ; these operations being repeated until the fluid is reduced to a small volume. This is nearly neutralized with caustic potash, taking care that the mixture still retains a decided acid reaction ; then filtered, and the filtrate evaporated on a water-bath until only a few drops of liquid remain.

When this residue is cooled, it is well stirred with about half an ounce of concentrated alcohol, which will dissolve in the form of a sulphate any strychnia present, while the sulphate of potash, formed from the sulphuric acid and potash added, together with more or less of the foreign organic matter, will remain undissolved.

The alcoholic solution after filtration is evaporated on a water-bath to almost dryness, the residue well stirred with a small quantity of pure water, and the filtered solution rendered slightly alkaline by caustic potash or soda. It is then agitated with pure chloroform in the usual manner, and the fluid, after careful separation, allowed to evaporate spontaneously.”—[Micro-Chemistry of Poisons, Wormley.]

EXPERIMENT.

White rabbit, weighing $3\frac{1}{2}$ lbs., on April 4, 1888, eighteen hours after death, was injected with 100 C. C. of cold water holding in suspension two grams of sulphate of strychnia. Exhumed April 16, 1888. Length of interment, twelve days.

Post-mortem Appearances.—*Brain* in a very firm condition ; weighed 136 grains. The *spinal-cord* measured six inches, and weighed thirty-four grains. [The spinal-cord and brain were removed from the animal before the abdominal cavity was opened ; the spinal-cord being exposed in the usual manner, by making two parallel incisions from the cervical to the lumbar region, along the median line of the back, and the section thus mapped out removed by sawing through the laminæ of the vertebræ.] The *urinary* bladder was partially distended with 10 C. C. of alkaline urine. The *liver* was in a solid state and weighed 1,200 grains.

CHEMICAL ANALYSIS.

Spinal-cord.—The presence of strychnia verified by taste, which was very bitter, and by reaction with sulphuric acid and bichromate of potash, the latter test giving characteristic play of colors.

Brain.—Entirely *negative* results ; no reaction with color test.

Urine.—Presence of strychnia shown by bitter taste and by reaction with color test.

Liver.—Strychnia shown to be present by bitter taste and marked reaction with color test. In order to make this more conclusive a few drops of the ultimate extract were injected under the skin of the abdomen of a frog weighing $87\frac{1}{2}$ grains. Marked tetanic convulsions commenced in *one* minute, followed by death in twenty.

POST-MORTEM IMBIBITION OF POISON.

BY PROFESSOR HENRY A. MOTT, PH. D., LL.D.

Probably few questions have arisen from a medico-legal standpoint of such complexity to the scientist as the Post-Mortem Imbibition of Poison.

The proposition at the present moment stands thus :

Poisons can be administered during life to produce death, the same drug can be employed to embalm the body so poisoned, and scientists are unable to decide as to whether the poison was administered before death with intent to kill or was employed in the embalming process, thus defeating the ends of justice.

Again—A malicious person could introduce poison into a dead body so as to enable him to accuse an innocent man of poisoning the subject during life.

Surely scientists should make every possible effort to solve this most complicated problem.

It was assumed at one time that a poison injected into the stomach after death could not possibly find its way by osmosis through the bony cranium into the brain.

But recent experiments have demonstrated that such is not the case ; on the contrary, it has been shown that a poison injected into the body after death will, by the process of osmosis, disseminate itself through every organ of the body, the spinal cord and brain.

There remains in my judgment only one hope for solving the problem, which up to the present time has not to my knowledge been attempted. And here we must digress for an instant and consider the nature of living matter.

Living matter is different from non-living matter—different in one most important respect. It is continually undergoing change—taking in new matter, decomposing it, adding such portions to itself as are necessary for development, and expelling the remainder—in fact, it is perpetually changing, yet always preserving its identity. Living matter must be regarded by the chemist as, (in one sense) in a very unstable condition, each element capable of acting in more or less of a nascent condition. The oxygen of the air when brought in contact with some oxidizable bodies produce little if any action on them in many cases, but if one of these bodies is in contact with oxygen during the process of its liberation from a compound, then oxidization occurs at once, or when the oxygen, under the influence of the silent electric discharge, is brought in contact with one of these bodies, the ozone thus formed oxidizes the body with avidity.

Now the question I would submit and the investigation I would propose to be conducted, to solve this problem before us,—is for the chemist not only to detect the presence of the poison and to determine the percentage present, but to ascertain, whether or not, owing to the exercise of what is called the vital force, and the resulting unstable condition of the organic matter of the body, some of the poison has not chemically combined with the organic matter some where in the body, forming a true chemical compound of a fixed percentage composition. Then if it can be shown that when the same poison is administered after death for processes of embalming, although disseminated throughout the body by the process of osmosis, that no such chemical compound exists somewhere in the body, but that the poison simply exists as a mechanical mixture, which can be removed by other

than chemical or dissociating processes—then will there be a means afforded to detect a deception which for aught we know has been frequently practised, and will be, until the scientist is competent to handle the question.

The microscope may assist in pointing out that some such chemical combination does take place somewhere in the body, by discerning some crystalline or modified structure possessing well defined peculiarities not to be observed in such cases where the poison is distributed throughout the body after death.

It has been demonstrated that a superficial investigation will not solve the problem, so scientists must resort to more thorough and elaborate methods.

*HYPNOTISM.**

BY CLARK BELL, ESQ.

President of the Medico-Legal Society of New York.

The medical profession in America do not give this subject the attention its importance deserves.

We know of no medical man of prominence in America who has publicly identified himself with the investigation of this science as some of the most eminent men in foreign countries have recently done.

Dr. WM. A. HAMMOND, some years ago, gave the subject considerable attention, and gave public experiments before the Medico-Legal Society, of patients under its influence, exhibiting the usual phenomena of unconsciousness to pain, and entire domination of will power and of action.

The late Dr. GEO. M. BEARD was also a student of this phenomena, and, had he lived, would, doubtless, have contributed to, and have been now conspicuously at the head of the science here. A few physicians here and there have touched it on the border lines, but, as a profession, medical men in America know little concerning it, and the public, who naturally look to them for advice on such subjects, are entirely ignorant of this phenomena, or the progress made abroad in the investigation of the science.

HACK, TUKE, IRELAND, MATTHIAS, ROTH, GURNEY, MYERS, in England—CHARCOT, BINET, FÉRE, GILLES DE LA TOURETTE, PAUL REGNARD, FONTAN and SE-

* Read at the Annual Meeting of the Medico-Legal Society, December, 18, 1889.

QUARD, AZAM, H. BEAUNIS, E. BERILLON, OCHOROWICZ, LADAME, DELBOEUF, MONTIN, VOISIN, J. LUYS, and others, in Paris; LOMBROSO, TAMBURINI, SEPILLI, and others in Italy; HEIDENHAN and VON FRANKEL in Germany; GESSMAN, OBERSTEINER and KRAFT.-EBING in Austria; BROBERG and FRED. BJÖRSTRÖM of Sweden, are some of the names of recent authors abroad who treat upon this subject as a distinct branch of science. The experiments at Salpêtrière, conducted under the guidance of Prof. CHARCOT, have gone to the scientific world in detail for some years, and an International Congress of Hypnotism, experimental and therapeutical, was held at Paris from August 8th to 12th, 1889, attended by distinguished men from Russia, Holland, Switzerland, France and other countries, where papers were read, upon the propriety of interdicting, by law, public exhibitions of hypnotism, and for regulating its use or practice by legal statutes, as well as upon other phases of the science. The Paris *Revue de l'Hypnotisme* is entirely devoted to this science.

In the Medico-Legal Society, in January, 1889, the chair called attention to the medical neglect of this subject, and named a committee to make investigations through the year and report their labors to that body. The majority of the committee did not go forward with the work, and the committee was reorganized, but have, so far as known, made no report, if even they have done any work whatever since their reorganization.

At the recent session of the Psychological Section of the British Medical Association, held at Leeds, August 15, 1889, under the Presidency of Dr. HACK TUKE, Dr. AUGUSTE VOISIN, one of the physicians of la Salpêtrière, Paris, made a communication upon the treatment of

Insanity and Neurosis by Hypnotic suggestion and on the application of the method to the moral and instinctive perversion of backward and imbecile children in which he is reported to have said :—

TREATMENT OF MENTAL DISEASE BY HYPNOTIC SUGGESTION.

That until within the last few years no serious attempt had been made in this direction, and that it was generally supposed that the insane could not be hypnotised. He had been able to develop this method in his hospital and private practice. Catalepsy ought to be carefully avoided, because the hypnotised individual ought to be able to preserve the use of his senses, especially of hearing. He was convinced that hypnotism was only useful when it was possible to make use of suggestion; and he was firmly of opinion that, as Braid had said, the hypnotic state originated in the nervous system of the hypnotised person. The basis of hypnotic treatment and of suggestive therapeutics detailed the various categories of the insane with regard to whom he had made observations. By this treatment he had cured persons suffering from hallucination and delusions, and from disturbances of special and general sensation. Suicidal ideas and acute and furious mania had disappeared under the use of this method. Cases of insanity were cited which had only been calmed after several hours. The treatment had also succeeded in the mania and agitation observed during the catamenia. Patients in this category had even remained asleep for from six to eight days. The method had also succeeded in dipsomania and in morphinomania. He had also been fortunate enough to cure obstinate cases of onanism in this way, and had applied the method *à la moralisation des enfants dépravés*. He had thus completely transformed their habits of thought, and had brought them to love the good, whereas formerly they had only loved the evil. He had also succeeded in curing amenorrhœa in the insane, which was a frequent cause of nervous and mental troubles; he particularly insisted upon this point as proving it was possible to influence the functions of the sympathetic system. The relapses were not more than one-tenth of the cases treated, and this was probably due to the repetition of treatment over a few months. However, the results were definite and he hoped the practice would be tried in England and have good results.

He said that for success in the hypnotising of patients many attempts were frequently necessary. Hence he could not give a suitable demonstration at Wakefield; but his place at Paris was open to all the physicians of the Continent. It was immoral to hypnotise healthy persons, being only proper in the case of the diseased. He repeated his statements as to the ailments which could be serviceably treated. For success varied processes were often necessary.

The local press have taken up the discussion in America, which the physicians have neglected.

The *New York Ledger*, in its recent number, treats the subject editorially from its social as well as its legal aspect, and so ably that we give the article entire :

HYPNOTISM.

The importance which hypnotism may assume from a social and legal point of view was recently exemplified by an experiment performed by an English clergyman and described in a London medical journal. It seems that a confirmed inebriate was thrown by the ordinary simple methods into a trance, and while in the hypnotic state he was informed that any indulgence in alcoholic beverages would be immediately followed by vomiting. So irresistible was the effect of the suggestion, that after emergence from the trance the patient suffered a violent attack of nausea whenever he attempted to drink any kind of liquor. The result was that he became a total abstainer.

This is, so far as we know, the first case in which the hygienic and ethical significance of the phenomena of hypnotism observed at the Paris hospital of the Salpetriere has been demonstrated. In the course of the investigations that have for some years been prosecuted at that institution, it has been shown that persons possessing an unusually nervous organization can easily be hypnotized, and that a suggestion or an order impressed upon them while in this condition will be subsequently carried out, although they will be entirely ignorant that such an order has been given. A wooden dagger, for example, was placed in the hand of a hypnotized young woman and she was directed to steal behind one of the persons present and drive the dagger into his heart. Upon awaking from the trance she obeyed the injunction in every particular, and there was no doubt in the minds of the observers that, had the weapon been steel, the blow would have been mortal. Interrogated respecting the motive of her conduct she averred that she had acted under an uncontrollable impulse, for which she could not account. Many other experiments of a like decisive character were made at the hospital in question ; some of which are recorded in a work lately published in the International Scientific Series.

From such facts, the inference was obvious that the power of producing hypnotic phenomena might, in the hands of unscrupulous operators, be fraught with grave danger to the community. The whole science of medico-legal jurisprudence might have to be reconstructed, should it become necessary in many cases to shift the responsibility for crime from the hypnotized agent to the antecedent suggester of the deed. It would also seem to follow, that the superinducing of hypnotic trance, like the administration of poisons, should be carefully regulated by law. Such regulation has already been earnestly demanded by students of the subject. It remained, however, for the English clergyman to prove that the power of molding the impulses and conduct of hypnotized persons might, in the hands of pure-minded and upright men, be made a blessing instead of a bane to society. What seems to be the irresistible force of suggestion under hypnotic conditions, might be systematically applied to the work of moral regeneration. If the virtue of sobriety can be, as we have seen, im-

planted in a confirmed inebriate, it should by the same means be possible to instill other virtues. The will of the hypnotized patient, once subjugated, could be enlisted on the side of honesty, purity, and truth-telling. It might be made a perpetual incentive to well-directed labor and an honorable life.

The medical journal to which we have referred, in commenting on the authenticated cure of drunkenness by hypnotic suggestion, advocates the application of the same curative agency on a large scale to inebriate asylums. The next step would be the subjection of the inmates of prisons to hypnotic treatment, with a view of effecting a radical reformation of character. It is only, however, with extreme tardiness and caution that legislation takes account of scientific discoveries. Not until hypnotic phenomena have been more widely studied and indisputably verified, can we expect to see their moral and social significance attract the eager and anxious attention of the community at large.

The importance of the subject cannot well be overestimated. Our judicial tribunals are wholly unprepared for the investigation of crimes thus committed.

A prominent judge upon the criminal bench of this city has, as it has been said, expressed doubts as to the existence of such a state as the hypnotized condition, which would affect responsibility for acts committed in that condition.

The public mind cannot be said to recognize it, and the learned and honest judge reflects popular opinion and popular ignorance of the subject.

It is doubtful if the legal profession, as such, are *en rapport* with the scientific truths of this branch of science, as recognized in France judicially in the tribunals.

It is probably true that three-fourths, if not more, of the medical profession in this country are ignorant of what has been demonstrated at Sâlpêtrière, and what is recognized as scientific truth at this moment in all foreign schools or universities of learning as to this phenomena. It is no longer an open and disputed question in France, Austria, Italy, Russia, Germany. It is an accepted, scientific fact. What is now studied is its phenomena, its problems, its sequella. It is a recognized

fact, but what are its phenomena and limitations is the remaining question.

The questions raised by the editor of the *New York Ledger* are immensely significant and of the greatest importance to the race.

How far can hypnotism, properly administered, be used as an incentive to higher education ?

How can it be used as a moral remedy to correct evil habits, bad practices or evil inclinations ?

How far can it be used as a means for moulding character and lifting the aspirations to nobler ideas and higher planes of action and of life ?

These are the questions of the hour, and these the subjects which should arrest the attention of the learned committee of the Medico-Legal Society.

The Humboldt Publishing Co. of this city have taken up the subject, and have published the work of Prof. Fred. Björnström of Stockholm Hospital, translated by Baron. Nils. Posse, M. G., of Boston.

Chapter XL., of this work, treats of *Hypnotism and the Law*.

We quote :

Hypnotism comes in contact with the law at more than one point, and many and intricate are the Medico-Legal questions which it has already raised. The most important of these questions are :

1. Can the hypnotized be physically or mentally injured by hypnotism ?
2. Can the hypnotized fall victim to crime ?
3. Can the hypnotized be used in the service of crime as a ready tool without a will ?
4. Are the hypnotised responsible ?
5. Should hypnotism be prohibited ?

We regret that want of space prevents our giving the whole of the chapter which contains an answer to these questions.

The American Journal of Psychology has devoted more space and attention to this subject than any scientific journal on this side of the sea. Its editor is Prof.

G. STANLEY HALL, President of Clark University, and this journal, while not reproducing an original article from an American author upon this topic, so far as we can recall, has devoted considerable space in its psychological literature to "Hypnotism," as a subject or subdivision, and in this department has noticed and reviewed very much of the recent foreign literature of this department of science, and has also noticed quite generally what has appeared in our American, and in the foreign, press on this topic.

Prof. STANLEY HALL is, perhaps, one of the best educated and equipped men, this side the Atlantic, to lead in these investigations, outside of organized bodies or societies.

His journal must take notice of and record all discoveries, especially as to judicial or medico-legal questions, arising affecting responsibility or related to criminal anthropology.

Dr. ED. J. COWLES, of McLean Asylum, and Dr. WM. A. NOYES, of the Experimental Station there, are qualified eminently for this work, while FRED. PETERSON, M.D., FRANK H. INGRAM, M.D., M. ALLEN STARR, M.D., of New York, and others of the junior rising medical men will, doubtless, do valuable work in this domain in the near future.

We learn that Dr. JASTROW proposes to prosecute psychological research in the university of Wisconsin ; that Dr. CATTELL intends similar studies in the University of Pennsylvania; Dr. WOLFE in the University of Nebraska; Dr. JAMES at Toronto; and that Prof. LADD, of Yale, and Prof. JAMES, of Harvard, will continue their important investigations in psychological and psychical research.

We look for important advances all along the line in the coming years of 1890 and 1891.

The importance of these investigations upon medical jurisprudence, upon the tribunals and courts of justice is recognized abroad. Is it recognized here ?

Much of what seems now a mystery of motive of action, so pertinent to legal and criminal responsibility, must, in some cases, be involved in this enquiry.

The recent startling and, in many respects, almost incomprehensible case, in which the Hon. Ray Hamilton was so strangely affected, may be shown to be due to the well-defined phenomena of hypnotism.

It is difficult to understand certain phases and complications, in that, as in other curious and remarkable cases, to which our attention has been recently drawn, except by a study of the psychical phenomena of hypnotism.

A common and almost universal error is the popular impression that only weak, sickly, nervous persons, and especially hysterical women, were susceptible to hypnotism. This is a popular fallacy and error. Björnström says, upon this subject :

“ Later experiences, and particularly the elaborate statistics of Liebault of Nancy, have shown that almost anybody can be hypnotized. A difference, however, must be made between those whom it is easy and those whom it is difficult to hypnotize.

“ Among the former, belong without doubt the hysteric ; but otherwise physical weakness gives no special predisposition. The willingness of the subject, his passivity and power to concentrate the thought or attention on the intended sleep have more importance. Thus, it has been found that even the strongest men from the lower classes (mechanics, laborers soldiers,) are more easily put to sleep than intelligent persons, who voluntarily or involuntarily let their thoughts wander to various objects which distract their attention. It will often be found that those who cannot be hypnotized in the first, second or third *seance*, yet succumb to renewed patient efforts.”

It was the opinion of Dr. EDWARD PAYSON THWING, as stated to the writer, who had conducted many experiments, that it was doubtful if there was any person who could not be hypnotized, who had sufficient will power to concentrate the thoughts upon a subject, to remain

mentally passive, and who would not mentally oppose or combat the influence of the hypnotizer, or who would mentally yield to it. That after long and repeated trials, under favorable conditions, with patient effort, every one would ultimately succumb.

It is a subject which should not longer be neglected or ignored, and to which the earnest attention of advanced students of medical research is earnestly suggested to meet the popular demand for light upon the science, and researches regarding its phenomena is now the duty of such of our medical men as are competent to grapple with the subject.

EDITORIAL.

FORENSIC MEDICINE AND ITS PROGRESS.

As an indication of the trend of English advanced medical thought, and in aid of the Resolutions adopted at the AMERICAN INTERNATIONAL MEDICO-LEGAL CONGRESS, *making it the duty of every College or University where law or medicine is taught to not only establish a Chair of Medical Jurisprudence, but to make it compulsory upon students to pass an examination before a diploma could be granted*, as moved by the President of that Congress, and strongly supported by Prof. JOHN J. REESE, Prof. S. TUCKER CLARK, and others, we give entire the leading editorial article from the November 23d number, 1889, of the *British Medical Journal*, one of the most influential Medical Journals of the world :

POSITION AND PROSPECTS OF FORENSIC MEDICINE.

Any one who will take the trouble to contrast the relative positions of forensic medicine and public health at the present day with their relative status a quarter of a century ago cannot fail to be struck with the fact that whilst the latter subject has come to the front by leaps and bounds as it were, and attained a prominence worthy of its great importance, the former remains exactly *in statu quo*, and this notwithstanding the fact that forensic medicine has always been a compulsory subject at our examining bodies, public health never, and that while a systematic course of lectures on forensic medicine is the rule in all our medical schools and colleges, public health has but rarely been the subject of systematic instruction. If we turn to the Continent we shall find that though the practice differs in the different countries we are alone in our virtual neglect of this important branch of public medicine. In France, Austria, Hungary, and Germany, every practitioner of medicine is liable, as is the case in this country, to be called upon to undertake a medico-legal examination, but much better arrangements are made in these countries for providing the student with the necessary opportunities for acquiring knowledge. In Paris the great school attached to the Morgue is too well known to need more than mention, and in Vienna, Buda-Pesth, and Prague, the arrangements are most complete, and the students are enabled to assist at medico-legal examinations, both as regards the *post-mortem* and the microscopical work. In Belgium, as we learn from a recent

address by Professor De Visscher, of Ghent, a special medico-legal diploma is about to be created. In Germany a different system prevails, and the whole subject of forensic medicine is relegated to the hands of specialists, who have undergone a special examination and constitute a well recognized body in the State, and the institutions where these studies are carried on are frequently appealed to for an opinion on the diverging views of experts. The great mass of practitioners are not therefore liable to be called upon to give evidence in medico-legal cases, except of course as to questions of fact. We believe that the establishment of a body of trained experts, scattered over the country, competent to conduct a thorough investigation into the medico-legal aspects of any case, would be an immense public gain, and would be an enormous relief to the general body of medical men at large and, we may add, of the jury-serving community, for if a coroner had such an officer at hand to appeal to, there can be no doubt that the number of inquests he would hold in the course of a year would be materially reduced. One such officer to each coroner in the country districts would probably be sufficient, but in large towns more would be necessary. Such an officer would require to be a thoroughly skilled morbid anatomist and toxicologist; indeed he would have to be competent to solve all the problems, both medical and surgical, that might arise in connection with the dead body. His duties would be so arduous that it is not likely he would have leisure for private practice, and he should therefore be debarred from undertaking this, and in return, of course, he would require to be paid upon a liberal scale.

At present it must be admitted that but little training is given anywhere which would fit men for such an office, but in this matter we have no doubt the supply would soon be found when the demand was made evident. The present mode of teaching forensic medicine would be quite insufficient, but there ought to be no difficulty in the largest and wealthiest metropolis in the world in establishing a school which would be able to afford to its students the necessary instruction, and it would probably be found necessary to provide that the student should not commence his studies in this special branch until he was already legally qualified to practise.

Two steps which would no doubt materially contribute to bring about such change as we have indicated are, first, the establishment by some one or more of the universities or licensing bodies of a diploma in forensic medicine, and we commend this suggestion especially to the University of Cambridge, and, secondly, the formation of a medico-legal society. Such a Society already exists in France and Belgium, and there are at least two societies of this kind in the United States, but here, though we have a great many societies, we have none filling up this very obvious gap. We will hope that this reproach will soon be wiped out.

The criticism of the insufficiency of English colleges and universities, applies with equal force to even our best American schools.

We recommend to the faculties of our great Universities of Harvard and Yale the consideration of a

Diploma in Forensic Medicine, both in the law and medical schools. If Cornell, who is now laying her foundations broad and deep for a great University, and Ann Arbor, and Columbia, now with her new and vigorous head, would take the lead in such a movement in this nation, they would be in advance in the English speaking countries only, but not in advance of France, Austria, Hungary or Germany, all of whom now lead both England and America in this regard.

THE INTERNATIONAL MEDICO-LEGAL CONGRESS OF 1892.

The labor of enrolling members into this organization, made a permanent body at the June session, goes on, with every indication of a very wonderful success.

The circular to be sent to scientific men in all countries is translated into the French, German and Spanish tongues, and will be sent to the leading capitals and cities of the world.

Responses have come already from many nations and countries, who will be represented by vice-presidents from each. The public press has lent great weight and influence to the movement.

That powerful and able exponent of medical scientific advanced thought, the *London Lancet*, thus discourses editorially upon the subject in its issue of August 17, 1889.

A MEDICO-LEGAL SOCIETY.

In New York there is a Medico-Legal Society, presided over by Mr. Clark Bell, in which the professions of law and medicine are equally represented, and there lies before us a circular lately issued, from which we learn that the Society, having recently held an International Congress of Medical Jurisprudence, which has been successful "beyond the most sanguine expectations," proposes to improve the plan so as to make the Congress permanent in its character, and in the broadest sense international. The President was empowered and directed by the Congress to promote this idea by appointing additional vice-presidents for the various states, territories, provinces and countries, and already a preliminary list has been prepared and published, in which the names of twenty-four gentlemen,

including several chief justices and judges, in company with members of the profession of medicine, are enrolled. The design is ambitious, and, if the time be ripe for its accomplishment, its success will be exceptionally great. The question is, whether the time has come. At present all the laws relating to medico-legal theory and practice are so widely different in different countries that it would at first sight seem impossible to bring them into anything like a common system. At the same time the fundamental principles must surely be nearly the same, and the objects must certainly be the same in all civilized nations. It is feasible, therefore, that by a series of friendly and learned meetings of medical and legal authorities, some general code might in time be evolved. The grand difficulty that will lie immediately in the way is that of language. So long as men of different nationalities have no alternative, on meeting together for the discussion of principles, except to converse and discuss either in a different tongue or in an imperfect interpretation, so long will there be insurmountable obstacles to a common agreement, since upon nice and refined points of expression so much depends. Men not only speak in different tongues, but think in them; and though they might generally understand each other for all ordinary communication, it will be long before the genius of exposition of different languages and thoughts will be common property. Of course this objection does not hold good between this country and the present home of the International, and it would be opportune, perhaps, now, for those members of the profession here, who some years ago did such active service as "The Medical Defence Association," to reconsider the idea advanced by their President, of transforming that Association into a medico-legal society for England, and so establish an English centre for the assistance and support of the wider scheme. An English and American society might at once become international in so far as the two countries are concerned, and others could be left to follow in due course, as each country founded, in imitation, its own organization. We see, and our numerous readers will see, that a good medico-legal society centered in London would at once have sufficient work before it. Suppose, for instance, at this time the council of such a society, composed of able and well-accredited men, were available as reference in the Maybrick case. What a load of responsibility could at once be removed from the administration. There would be a tribunal ready at once to take up any question submitted to it, and to give, after due investigation, a decision which in a matter of science would issue actually as from a court of appeal. This illustration in favor of the organization is suggested at the present moment, because of the current interest which is being taken in a particular case. But there are other developements for action to which a medico-legal society might devote itself. The laws relating to public health would come, in the most legitimate manner, under its consideration, and lead the way to the long-expected and deserved appointment of a minister of health and medical jurisprudence. These are anticipations. The primary crux is: Can the two professions of law and medicine in this country combine for a common object and for the common good?

The New York *Sun*, in quoting the *Lancet's* article almost entire, says :

THE INTERNATIONAL MEDICO-LEGAL CONGRESS.

The London *Lancet* devotes a column of its editorial pages to the recent visit of Mr. Clark Bell and the permanent organization of an International Congress of Legal Medicine.

Notwithstanding the obstacles of race, language, widely different systems, it lends the weight of its name to the proposed movement. We quote largely from the article.

The present organization has in it every element of success, and it will be led by that same energy and ability that has brought the movement to its present commanding position.

The scientists at the Paris Congresses favored it, both on the legal and medical side. Judge Barbier, the Premier President of the French High Cour de Cassation, has identified himself with the movement, and Prof. Brouardel, the greatest of the toxicologists of France and President of the Medico-Legal Society of France, consents to accept the Vice-Presidency for that country. It will take every exertion to mature all the plans for the session to be held in 1892 at our American Exposition, and the end will crown the work.

The more significant is the closing paragraph of the article of the *Lancet* :

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These are anticipations. The primary crux is : Can the two professions of law and medicine in this country combine for a common object and for the common good ?

While the lay and medical press, on all sides, have lent the great weight of their influence to the movement, which has been enormously influential in the favor with which the proposed Congress is received, especially upon the Continent of Europe, it is hoped that we shall meet with the same success in the South and Central American States, who have not yet united in these efforts. Already men from various countries are enrolling their

names as members of the Congress not only, but promising to contribute papers to be read on the occasion of the Centennial Exposition in this country in 1892, when the next session will be held.

A small volume of the transactions of the Congress of June, 1889, with the list of its officers, committees, enrolled members and delegates, has been issued in advance of the Bulletin, which will contain in addition the original papers read before the body, and which will appear later. These transactions can be obtained in paper for 30 cents, cloth, 75 cents.

INSANE IN COUNTY INSTITUTIONS.

The action of the Medico-Legal Society looking toward the care, treatment and general welfare of the insane in the various county institutions in the State of New York, by the organization of local committees in each county, under the authorization of a strong committee composed of members of the body throughout the State, can be but productive of a great public good. The plan is to antagonize no one, to deal fairly with all county officials, to visit, inspect, and, if need be, investigate any abuse or just cause of complaint, and to remedy ills or evils where found to exist by personal influence and public sentiment. It must commend itself to every philanthropist who has the welfare of the insane at heart.

The committee does not divide upon the pending question of State care *versus* County care of the insane which now agitates the public mind. The different members retain each their individual views, some favoring one view, some the other, and some neutral, but unite in endeavoring to see how far the existing laws can be enforced in aid of advanced scientific care and

treatment of these unfortunates in the county institutions. We give the report of a large majority of that committee, made to the Society at the November meeting, and which then met the approval of that body :

To the Medical Legal Society of New York :

The committee, by you appointed, to consider the condition of the insane in county institutions in the State of New York, and not included or cared for in what are known as State Institutions, make the following preliminary report of their labors :

That the officials in seven counties in the State reported to the State Board of charities that there were no insane persons in their county poorhouses (alms houses) on October 1, 1888, viz :

Chemung, Delaware, Dutchess, Genesee, Niagara, Putnam and Westchester Counties.

The following eighteen counties have been exempted by the State Board of Charities from the operation of the Willard Asylum Act, pursuant to chapter 713 of Laws of 1871, and have made separate provision for their chronic insane, viz : Broome, Cattaraugus, Chautauque, Chenango, Cortlandt, Erie, Jefferson, Lewis, Oneida, Onondago, Orange, Oswego, Queens, Suffolk, Tioga, Ulster, Wayne and Wyoming, in which counties, on October 1, 1888, there were cared for 1,741 insane ; 810 males and 931 females.

Fourteen counties have insane in detached buildings, or in the wards of their county poorhouses, who have not been exempted, in which separate provision has been made for the care of their chronic pauper insane, viz :

Albany, Cayuga, Clinton, Columbia, Herkimer, Livingston, Madison, Montgomery, Otsego, Rensselaer, St. Lawrence, Saratoga, Sullivan and Washington.

In these counties were confined, on October 1, 1888, four hundred and fourteen insane persons ; 172 men and 242 women.

Seventeen counties of the State had each a few chronic insane confined in their poorhouses, on October 1, 1888, the large proportion of whom were admitted to these poorhouses as paupers, without legal commitment, as insane persons, in the majority of cases ; many of them aged and infirm, and usually treated and cared for on the same footing and basis as paupers, in respect to both medical care and otherwise, viz : Allegany, Essex, Franklin, Fulton, Green, Monroe, Ontario, Orleans, Richmond, Rockland, Schenectady, Schoharie, Seneca, Steuben, Tompkins, Warren and Yates. The total inmates in these counties, on October 1, 1888, were 106, of whom 43 were men and 63 women.

The County of Kings has made provision for the care of its insane in the Asylum at Flatbush, and in the temporary building on the county farm at St. Johnland, Long Island, where, on October 1, 1888, 260 were placed and 1,421 were at the Flatbush Asylum, the total being 1,681, of which 681 were men and 1,000 were women.

The County of Monroe has made separate provision for its insane, in a separate institution where, on October 1, 1888, there were 290 inmates, of whom 124 were men and 166 were women.

In New York County elaborate and careful provision has been made by the county for the care of its insane, where, on October 1, 1888, there were kept in the various asylums and departments 4,665 inmates ; 2,108 men and 2,557 women.

Increased facilities have since that date been provided for the constantly increasing number, and there is as good care taken of the inmates as in the State institutions, aside from the overcrowding, which has been difficult to avoid by reason of the enormous growth of the city. The total number of insane reported to the chairman of your committee, on June 6th, 1889, on the occasion of the visit by the delegates of the International Congress to the city institutions, by Dr. A. E. Macdonald was 5,128.

The cities of Kingston, Newburgh and Oswego have made provisions for their chronic insane, in the city alms houses, in which a few cases have been cared for.

It will thus be seen that notwithstanding the conflicting views of our citizens concerning the various questions involved in what is known as county care of the insane, versus State care in the State institutions, we had in the State of New York, on October 1, 1888, about 14,772 insane, of which 6,821 were men and 7,951 were women, distributed as follows: In the State institutions 5,137, in private asylums 714, in county institutions, alms houses, and city alms house institutions, 9,635 ; more than one-half and not quite two-thirds of all the insane in the State, being thus, now or then, cared for in the county institutions.

The question of the care and treatment of this large number of insane—nearly all of the chronic class—becomes one of the most important problems of our civilization, and any steps or action which will tend in any degree towards the amelioration of their condition, deserve the sympathy and encouragement of all philanthropic hearts.

However members of this committee may feel, or differ, as to the best policy to be pursued by the State, in meeting the obligation forced upon it by this army of unfortunates, and without reference to the merits of the question involved in County care versus State care of the insane, this committee considers that there can be no division of feeling upon the proposition, that our work and mission are with the law as we find it, and the insane as distributed under the existing statutes of the State, in all the counties of the State, except the seven counties where no provision has been made by the counties, and where no insane were reported on October 1, 1888, in the county institutions.

The labor of selecting suitable local committees in the various counties of the State who would co-operate with this committee and the Medico-Legal Society, in the work of ameliorating the condition of the insane, which duty was placed upon the chairman by vote of the committee, is one involving great care and discretion in selection, and could hardly be done without consulting good advisers in the various counties of the State.

That work is progressing favorably with the aid of the members of this committee, and of other discreet persons in the different counties of the State. These selections will be announced from time to time, as the appointments are made, and the committee ask the advice and aid of the members of the body, in suggesting suitable names for local committees

in the counties of the State, who should be citizens of such, recognized social position, character and influence as would entitle their suggestions to the officials of county institutions, to great weight, and be likely to result in permanent changes and reforms, wherever needed, when recommended. The appointments have been made in Broome, Cortland, and a few other counties, and we trust will be completed before the close of the present year. Hon. C. H. McMaster, of Steuben, has been added to this committee.

Dated October, 1889.

CLARK BELL, *Chairman*, of New York Co.
 W. G. STEVENSON, M. D., of Dutchess Co.
 S. TUCKER CLARK, M. D., of Niagara Co.
 LUCY M. HALL, M. D., of Kings Co.
 JOHN LAMBERT, M. D., of Washington Co.
 E. N. CARPENTER, M. D., of Queens Co.
 F. W. HIGGINS, M. D., of Cortland Co.
 D. R. BURRELL, M. D., of Ontario Co.
 ALBERT BACH, Esq., of New York Co.
 L. A. TURTELLOT, M. D., of Oneida Co.
 C. H. McMASTER, Esq., of Steuben Co.
 J. J. O'DEA, M. D., of Richmond Co.
 FRANK H. INGRAM, M. D., Sec'y.

The local committees will be organized in counties, where the same have not yet been named during the ensuing winter.

By the direction of the Society, we give in our columns the letter of Dr. H. O. Jewett, one of the members of the local Board of Cortland County, to the Secretary of the Society, who is strongly in favor of county care in such counties as Cortland, Broome, Kings, New York, and other counties where separate structures have been erected and provision made for the care of the insane.

CORTLAND, N. Y., Oct. 4, 1889.

ALBERT BACH, Sec'y M. L. S. N. Y.:

DEAR SIR.—In reply to yours of the 27th ult., allow me to say I shall be happy to co-operate with the members of your Society in the furtherance of any measure calculated to ameliorate the condition of that unfortunate class to which your communication refers.

The necessity for reform in the care and management of the insane has long been recognized by all true philanthropists. Much good may come of the present agitation of the subject if those most earnestly engaged in its discussion do not lose their heads in the advocacy of a single measure, a measure which will by no means properly admit of universal application

I cannot understand how the existing evils are to be obviated, to any great extent, by the much talked of transfer from County to State Asylums. I am opposed, on general principles, to the centralization of authority, which implies opportunity for usurpation and abuse, and am decidedly opposed to the aggregation of our pauper insane, acute and chronic, in large establishments.

Massive walls may exclude the public gaze, and thus hide many abuses which could never long exist in small institutions, under the scrutinizing eye of that portion of the community most interested in the welfare of the inmates.

Of course, any county not having adequate provisions for the care of the insane must seek other quarters for them.

But, in counties like Cortland, provided with new, ample, commodious and well appointed structures for domiciling their insane patients, together with a large and productive farm, upon which many of them may perform some light labor, if required, and where all may remain accessible to the visits of friends and relatives, from whom they receive occasionally some substantial aid, there are many reasons, economic and philanthropic, for retaining the present system, under which the chronic insane may be even more humanely cared for than if crowded together in large establishments.

As to the political influence brought to bear in the appointments and management of these asylums, does any one believe that official corruption and political chicanery are less rife in state than in county affairs?

Again, it is argued that efficient nursing and competent medical attendance cannot be secured in the counties.

In any large State Asylum the superintendent is by no means supposed to maintain constant personal supervision of the inmates. Hence, much of the work is delegated to subordinates, who may, or may not, be competent; while in nearly every county may be found practitioners who, though not specialists, are yet as well qualified to care for the chronic insane as are a majority of those employed in State Asylums.

Now, if those who compose the "Board of Charities" will vigilantly and faithfully perform their duty, make themselves acquainted with the medical faculty in each county, and then see to it that proper discrimination is exercised in the selection and appointment of medical attendants, repudiating politics, favoritism and careless indifference, this latter deficiency will not be found to exist.

If any duty is required of me in the line of investigation or report, please instruct me accordingly, and, so far as time and opportunity will permit, I am at your service.

Very truly and respectfully yours,

H. O. JEWETT.

Dr. Stevenson of Dutchess, and Dr. Wey of Chemung and Gen. Geo. J. Mager of Schuyler, report that no insane are kept in the county institutions in those counties, and, so long as this continues, no need will exist of local committees there. These gentlemen strongly

favor the policy adopted by their county authorities, in accord with recognized public sentiment there, favoring the transfer of their insane to the State Institutions in all cases.

We hope to be able to announce the local committees in a large number of the counties of the State in our next number, and shall feel obliged to friends throughout the State for suggestions of suitable names for the local committees in each county.

SERIES No. 1, MEDICO-LEGAL PAPER.

The 3d illustrated edition of this volume appeared just at the time of the June Congress, and at the commencement of the summer vacation. It has received extended and favorable notice from the home and foreign press.

It has entailed considerable expense to produce this elegant volume, and members and subscribers who have not seen it should subscribe for the same, the price of which is only \$3, on heavy paper and splendidly illustrated.

Series No. 4 is in the printer's hands, but will not appear till next year, owing to the pressure of publishing the Bulletin of the International Congress, the Prize Essays, etc.

Personal.

A great distinction was shown by the International Medico-Legal Congress, at Paris, to Chief Justice Bermudez, one of the delegates of the Medico-Legal Society, of New York, by naming him as one of the Honorary Presidents of the Congress.

The other names selected for this distinction were : M. Barbier, Premier President of the Court of Cassation, of France ; M. Ricord, of Paris ; M. Vleminckx, of Belgium and Prof. Lombroso, of Turin.

The following were elected Presidents of the Congress: Demange, of Paris; Camile Moreau, Alfred Monan, of Brussels; Peris Garcia, of Brazil; Sontzo, of Bucharest, and Brouardel, of France.

Dr. EUGENE GRISSOM. The vindication of this gentleman by the Board of Managers, of the North Carolina Insane Asylum at Raleigh, was complete, and showed that the charges had been preferred in bad faith and for bad purposes.

We regret to learn that Dr. Grissom has decided to resign from this Institution in which he has served so long and faithfully. His published reasons for his action discloses a most extraordinary state of affairs in the political workings of the State authorities, which would justify Dr. Grissom in the course he takes. The warm wishes of all superintendents of asylums will go with Dr. Grissom into any field of labor he may undertake. He will be likely to be called into the service by Boards from other States.

Dr. SAMUEL WESLEY SMITH. The New York State Commissioner in Lunacy has resigned since the adoption of the new law creating a Board of Lunacy Commission in this State. This leaves the Board composed of three members, as appointed by the Governor, directly after the adoption of the present law.

Mr. CLARK BELL was elected a Foreign Associate member of the French "Societie Medico Psychologique" of Paris at the session of November 11, 1889.

Dr. HACK TUKE is engaged in the preparation of a dictionary of psychological medicine, similar in design to the dictionary of medicine by Quain. His contributors rank among the best men who have made the

subject their study. The well known medical publishers, Messrs. Churchill of London, are the publishers, and advertise it as a forthcoming work, in the Journal of Medical Science.

Prof. KOVALEWSKY has been made the Dean of the Faculty of Medicine at the University of Kharkoff, Russia. He has announced the title of his paper to be contributed to the American International Congress of 1892. "*L epilepsie psychique en medecine Legale.*"

A number of the Russian Professors of Legal and Mental Medicine and eminent jurists have been proposed for corresponding membership by this distinguished scientist.

Prof. STEENBURG, of Copenhagen, takes a lively interest in our work and writes us that he will give us additional names of scintists in the Scandinavian countries, to those he has already sent forward, who will assist in our labors and the work of the forthcoming congress of 1892.

THE PRIZE ESSAYS.

The time for the closing of this competition will expire on the 1st day of January, 1890.

Papers deposited in the post-office on that day or before, will be entitled to enter the lists.

It is earnestly hoped that members generally will compete for these prizes. The motive for offering them has been to stimulate scientific research and endeavor, in the interest of advancing the science of Medical Jurisprudence.

The volume of Prize Essays, containing most of the papers in last year's compilation for the Elliott F. Shepard prize, will shortly be issued and ready for subscribers, as it is now in press.

P O R T R A I T S .

As we go to press four different groups of portraits of members of the Medico-Legal Society, and the International Medico-Legal Congress, have been published since our last issue, and more are to follow.

We thank the members for the support already given to this movement. Subscribers for these series of publications will receive them as fast as issued, at the price of \$1.00 each.

We hope before the 1st of February, 1890, to bring out four or five more.

GROUP NO. 1, contains the portraits of Chief Justice Bermudez, of Louisiana ; Chief Justice Sir John C. Allen, of New Brunswick ; ex-Chief Justice Noah Davis, of the Supreme Court of New York ; Hon. David Dudley Field, Judge M. W. Montgomery, of the Supreme Court of Washington, D. C. ; ex-Justice W. S. Ladd, of the Supreme Court of New Hampshire, and Clark Bell, Esq., President of the Medico-Legal Society.

GROUP NO. 2, contains the portraits of twelve eminent alienists and specialists, viz. :

Dr. Pliny Earle, the Nestor of American Superintendents ; Dr. H. A. Buttolph, so many years at N. J. State Asylum at Morris Plains ; Prof. John J. Reese, the eminent toxicologist ; Dr. T. A. Buckham, the eminent alienist of Michigan ; Dr. Daniel Clark, Superintendent of Insane Asylum at Toronto ; Dr. P. Bryce, so long at the head of State Asylum of Alabama ; Dr. T. D. Crothers, of the *Journal of Inebriety* ; Dr. C. H. Hughes, of the *Alienist & Neurologist* ; Dr. Samuel Wesley Smith, late New York State Commissioner in Lunacy ; Dr. Selden N. Talcott, Supt. N. Y. State Insane Asylum at Middletown ; Dr. Ed. J. Doering, President of the Chicago Medico-Legal Society, and Dr. S. B. Buckmaster, the talented

Superintendent of the Wisconsin State Asylum, at Mendota.

GROUP No. 3, contains the heads of some of the representative women of the body, and of the Congress among whom are Clara Barton, of Red Cross world-wide fame; Alice Bennett, M. D., the talented and popular Superintendent of the Pa. State Hospital for Insane Women at Norristown, Pa.; M. Louise Thomas, ex-President of Sorosis; Lucy M. Hall, M. D., so many years associated with the Prisons for Women in Mass.; Eliza M. Moshier, M. D., her colleague at Vassar College, and in medical practice now in Brooklyn; E. M. Clymer, the President of Sorosis; E. M. Grannis, the gifted editor of the *Church Union*; Mary Weeks Burnett, M.D., editor of the *Journal of Heredity*; Jennie McCowen, M.D., who has won distinction in her profession in Iowa; Emily Kempin, L.L. D., President of the Law School for Women in New York City, and Secretary elect of the Medico-Legal Society, and Martha J. Lamb, who has made her mark as editor of the *Magazine of American History*.

GROUP No. 4, contains twelve portraits of members of the Executive Committee of the Medico-Legal Society, who are prominent in carrying forward its works.

GROUP No. 5, will contain legal and judicial heads from eminent names of the members, among whom will be Judge H. M. Somerville, of the Supreme Court of Alabama; Gov. Biggs, of Delaware; Chief Justice D. McAdam, of the New York City Court; Prof. J. J. Elwell, of Cleveland, Ohio; Judge John F. Dillon; Hon. Geo. A. Halsey, of Newark, N. J.; Judge Normile, of the Criminal Court of St. Louis; Judge L. A. Emery, of the Supreme Court of Maine; Judge Calvin E. Pratt, of Brooklyn; Judge A. L. Palmer, of N. B.; Hon. Luther R. Marsh, and others.

GROUP No. 6, will be the second group of distinguished alienists, specialists and medical men of prominence in the American States, among whom we mention Dr. Joseph Jones, of New Orleans ; Prof. Victor C. Vaughan, of Mich. ; Dr. I. N. Quimby, of New Jersey ; Dr. Carl H. Horsch, of New Hampshire ; Dr. Ed. W. Cowles, of the Insane Asylum, at Somerville, Mass. ; Dr. H. P. Stearns, of Conn. ; Dr. W. W. Godding, of Washington.

Further groups will be published from each profession and from Great Britain, France, Belgium, Germany, Austria and Scandinavia. They will be of large size and suitable for framing.

A reduction in price will be made if more than ten copies are ordered in advance, by any person.

Any one sending us a new subscriber to the JOURNAL, will receive the choice of any two of these groups of Portraits free.

*TRANSACTIONS OF THE AMERICAN INTER-
NATIONAL CONGRESS OF MEDICAL
JURISPRUDENCE.*

AFTERNOON SESSION, JUNE 5th.

President CLARK BELL in the chair: I have received word from Judge H. M. Somerville, of the Supreme Court of Alabama, that judicial duties prevent his attending the Congress. His paper on "The Legal Responsibility of the Criminal Insane," was read by title.

The "True Legal Test of Responsibility of the Insane," by Judge M. W. MONTGOMERY, of the Supreme Court of Washington, is the next paper. He wrote me yesterday that he could not leave Washington. His paper may now be read by title, and if he comes it can be read later in the session.

The paper on "Feigned Insanity," by CONNOLLY NORMAN, M.D., of Ireland, was read by title.

The CHAIR: The paper on "Eccentricities of Insanity," by Ex-Judge NOAH DAVIS, of New York City, whom I have the pleasure of introducing.

Ex-Judge NOAH DAVIS: The paper I am about to read is merely a narrative of an incident that occurred to me in my judicial life. I thought it might be worth preserving, in consideration of the interest taken in the question of insanity as connected with crime, and yet it is nothing more or less than a simple statement of an

actual occurrence in a tribunal over which I had the honor to preside.

The paper was read by Judge Davis.

President BELL then called Ex-Judge Noah Davis to the chair for the afternoon session.

Judge Davis returned thanks for the honor, and took the chair.

Judge DAVIS, Chairman: The next paper on the order is "Volitional Insanity," by AUSTIN ABBOTT, Esq., of New York City.

President BELL: I received a note from Mr. Abbott this morning, saying that his engagements were such that he would be unable to get here, but he has sent up his paper, which I will now read at his request.

Mr. Abbott's paper was read by Mr. Bell.

The paper on "The Disposition to be made of Criminal Lunatics," was read by Dr. W. W. GODDING, of Washington.

Dr. SAMUEL WESLEY SMITH, State Commissioner in Lunacy in New York, read a paper on "The Criminal Insane."

CHAIRMAN DAVIS: The paper on "Change of Character a Legal Criterion in Insanity," was expected to be read by Dr. C. H. Hughes, of St. Louis. He has been unable to get here—detained by illness in his family—and has written a letter, which the Secretary, Mr. Ellinger, will please read. Mr. Ellinger, read the following letters:

ST. LOUIS, June 1st, 1889.

Clark Bell, Esq.:

It may be possible that I shall not reach your city in time for the Congress.

In anticipation of such a possible contingency, I send you the accompanying letter, which you may use as you may see fit. My sympathy and best efforts are with you. You are making a grand move for science applied to humanity and law. Yours truly,

C. H. HUGHES.

ST. LOUIS, May 31st, 1889.

Clark Bell, Esq., President International Congress Medical Jurisprudence, New York:

MY DEAR SIR : The Congress about to convene and over which you are to preside, is a subject in which I am much interested. It will mark an important epoch in the scientific progress of our country.

No philanthropist or advanced scientist ought to be indifferent to the foundation and growth of medico-legal matters or congresses of medical jurisprudence. Like the organized State charities, their development measures the civilization of the people. The world's true progress is gauged by its philanthropy, and the welfare of man is the ultimate aim of all scientific endeavor.

Societies like yours utilize the results of medical research, and bestow them on the people. Medico-legal societies are the mints where the crude metal of abstract scientific truth is carried into standard value. Medico-Legal Science searches out the relation of chemistry, physiology, pathology and clinatology, and even of vaccination to human conduct, and practically applies them. It studies the chemistry and physiopathology of the lunatic's and inebriate's brain, and that of the narcomaniac in general ; it searches into the phenomena of sleep—normal and morbid—and seeks to find their exact influence over man's acts and thoughts in a wakeful state. Narcology, sonambulism and hypnotism, as well as hysteria, epilepsy and aphasia are within the legitimate scope of its researches.

To Medico-Legal Science there is a toxicology of the mind, through organic diathesis, heredity or transmitted or acquired toxæmia, as well as of the stomach. The one extenuates—the other finds out—crime.

In short, the medico-jurist searches out the intricate relationship between human organism and conduct, and endeavors to find out accurately, for man's welfare—individually and collectively—what and how much of human conduct is purely and solely the result of uncommon organic impression, and what springs from the ordinarily untrammelled and uncoerced human will, and as such its field is as broad as the whole domain of human conduct, its area as great as that of all the sciences, and even of the arts, for what a man does, as well as what he is made of, and how he is organized, influences his conduct and contributes to his character, as one capable or incapable of conforming to the requirements of human statutes.

With these views of the greatness of your work and the grandeur of your mission, it is natural that I should hail with pleasure so significant an event as the important congress about to convene in your city—a meeting destined to bring so much real benefit to present and future questions. Yours very truly,

C. H. HUGHES.

Chairman DAVIS: The next paper, by Clark Bell, Esq., on "Separate Hospitals for Insane Convicts," was then read.

Chairman: This closes the reading of papers for this session. The programme provides for a discussion of these papers, which was to be opened by Dr. Hughes, of St. Louis. He, as you know, is unable to reach this city, by reason of the illness of his daughter. The discussion will, therefore, be opened by Dr. Godding, of Washington, D. C.

DR. W. W. GODDING.

Mr. President, Ladies and Gentlemen: I did not intend to discuss this question, further than to answer any questions that may be raised in regard to the subject upon which I have spoken.

Under the law of 1882, the Attorney-General of the United States has power to send to the Government Hospital all the insane convicts or insane persons accused of crime under the United States Law; that is, the law governing the United States, in distinction from State laws, recognizing, of course, the State rights of every State. That law was passed without any provision for separating the convicts from the insane criminals. The Board of Directors of the Government Hospital, some two years ago, secured a small appropriation of fifty thousand dollars, with which we erected the Howard Hall, to which I have already alluded in the paper that I read. This is set apart for the homicidal and dangerous classes of insane. As I said before, it was our plan—and I regret I did not bring the plans down to show you—to have this building in the form of a long rectangle, or two rectangles joined in a hollow square, which would give two hospitals with a common enclosure, thus eliminating the trouble so eloquently de-

scribed by your Commissioner in Lunacy, in regard to the great wrong of confining the convict with the criminal insane. I do not believe public sentiment justifies us in putting these two classes together.

Now, as regards the national government making provision for the insane of all the States, I am aware that we have fought out the question of State rights, but I must confess I have such respect for those State rights, that I cannot sympathize with these theories of gathering together the convicts of the different States under one government. It seems to me this would be a mistake, even if it could be done. If it was a child of mine that was so unfortunately placed, I would certainly desire to keep him in my own State. If the State is too small—like New Hampshire—so as not to require separate hospitals for criminal insane, a large house could be rented for the purpose, but no State is so poor that it cannot or should not support its unfortunate insane. (Applause.) Every State in the Union has its hospitals overcrowded, and such distinct building is needed for additional accommodation for its criminal insane.

The best step, it seems to me, would be to make separate and distinct provisions for the convicts and criminals, still under the same law, and under the same superintendent. It seems to me that we commit an outrage in confining convicts—those, I mean, whose lives have been steeped in crime—with our insane but innocent brothers or sisters, where they will so easily develope into the lowest kind of criminals. That, we know, is all wrong.

But I said I had no intention of making a speech. Thus far there has been nothing said, and I am asked to open the discussion. I do think, however, that this is one of the vital points in the care of the insane, and I

hope to hear suggestions from others interested in this subject, and from those outside my profession. Medical experts are only too ready to go out like David to meet Goliath on the question of insanity. I hope to meet some of our legal friends, who will give us the other side of the question, and I do not know of anybody here better able to do so than Judge Davis. (Applause.)

Dr. R. L. PARSONS: I have listened to a part of the papers on the disposition to be made of the convict insane, with interest, but have little to add save in the way of emphasizing what has already been so well expressed, especially by Dr. Godding in his remarks.

There are various classes of insane persons which should not be closely associated with the quiet, well-behaved and orderly insane; such as make up the great mass of insane patients who are under care and treatment at our asylums. Among these may be mentioned those patients whose appearance or habits would render them disagreeable to others; those who are so excitable and noisy as to be causes of irritation and discomfort; those who by reason of their insanity have committed acts which would have rendered them criminals if they had not been insane; those whose previous associations, habits, propensities and reputation clearly mark them as belonging to the criminal class, although they may never have been convicted of crime; and those who have become insane after having been convicted of crime and while under sentence for the same.

Now, the latter of these only, are the convict insane for whom special provision is made in some of the states and for whom separate asylums have been asked as a matter of principle; the reason advanced being that the innocent insane ought not to be placed in immediate association with convicts. It will hardly be disputed that

insane convicts ought to be cared for by themselves, both on account of their feelings by other patients and of their friends. But it should not be forgotten, in deciding what special provision should be made for the convict insane, especially in the smaller states where there are but few of them, that they also are of different grades and that many of them are much higher in the social and moral scale than many of those who have never been convicted of crime ; and on the other hand, that there are patients in almost every large asylum for the insane, not under conviction for crime, who are quite as culpable and quite as unfit for association with respectable people as many of the convict insane.

From this view of the case, then, it would seem that no injustice would be done, nor injury caused, if special provision were made for the convict insane in connection with ordinary state asylums. Dr. Godding had just informed us of what he has done at Washington for the convict insane who come under his care ; and how this method has worked without injury or prejudice to any. This particularly objectionable class is separated from other patients much in the same way in which other objectionable patients are separated from their fellows ; only the separation is made on different lines and is more strict in character, both to prevent the escape of the convict and in deference to the feelings of other patients. I am decidedly of the opinion that the method adopted by Dr. Godding is advisable for all states whose insane convicts are so few in number as not to warrant the support of a separate asylum for their detention, care and treatment.

Professor SIMEON TUCKER CLARK : I think the discussion of this question in all its phases will be of advantage to us. The whole question summed up is, how shall

we take care of the two classes of insane, the violent and the more passive? "Birds of a feather flock together," is an old adage, and classes which approximate to each other in purity of mind or in speech should not be associated with those whose moral ideas are greatly different; but beyond that it is simply sentiment that any great distinction should be made between them. I would not allow those persons who are liable by their words or acts to contaminate those who are better or of a higher order of morals than themselves, the opportunity to do so. This is certainly a wrong which is being constantly perpetrated upon this unfortunate class of people. It is impossible to do too much for the insane, and every act on the part of the State or of any individual that tends to the amelioration of the condition of these unfortunates is certainly a praiseworthy one.

MATTHEW D. FIELD, M. D.

Mr. President, Ladies and Gentlemen: The points have been so fully discussed by the gentlemen who have preceded me that I do not see that there is anything for me to say upon the subject. I am in hearty accord with all that has been said.

I simply wish to say, in the beginning, that it is impossible to draw any lines as to the course to pursue in caring for the insane, excepting the one grand law of studying all that will benefit them. In my experience in the care of the insane I have often found those usually quiet and tractable suddenly break out and become very violent, and this has occurred so often that I think it is impossible to decide in that way which are the vicious. But, on the other hand, we cannot separate the violent indiscriminately from the rest, as we want to avoid placing those who have been innocent during the

sane portion of their lives with such as have led immoral lives.

I am very glad to hear the distinction which has been made here of the criminal insane; those who lead criminal lives before they become insane, for we can by no law of true justice consider a person guilty who, while insane, commits criminal acts.

I must take exception to what the gentleman said in regard to "birds of a feather flock together," in the case of the insane: "Evil communications corrupt good manners," and disguise the facts as you will, the innocent insane are demoralized by association with those whose minds are foul. This is clearly true of the insane and, I believe, the two classes should be kept separate.

Chairman Judge NOAH DAVIS: I see in the audience a lady, whom I know takes a great interest in this subject, and I venture to ask Mrs. Thomas to say a few words.

MRS. M. LOUISE THOMAS.

Mr. President: The papers presented have been full of important matter and suggestive interest, but there are two or three points which seem to me to be either wholly untouched, or not fully covered in the discussion, to which I would like to call your attention.

The first is the fact stated by Judge Davis, that a man or woman may pretend to be insane for the purpose of escaping the just penalty of crimes committed, may for months carry on this deception, and may during this time be made the companion of the virtuous insane in the asylums. This is palpably a cruel and unjust infliction upon innocent patients, and upon their friends outside, who have a right to expect and demand all whole-

some and healing influences for and around the truly insane.

Beside these, there is still another class, that are wrongly represented to be insane, by persons whose interest it is to get them out of the way; and the law, as at present constituted, affords no adequate protection against such attempts. For the sake of the argument, I will not say that this is of very frequent occurrence, but every thoughtful person will recall some instances of the kind, and I claim that the law should so shield the individual, that these things should be impossible.

How to detect insanity then, is thus shown to be a matter that is far from being understood; how to cure insanity, is, in the present stage of medical science, quite as much misunderstood; and how to prevent insanity, and the conditions leading to it,—which is also one of the subjects as yet untouched—I hold to be the most delicate and important of all.

I come before the meeting, not merely as a member of the Medico-Legal Society, but also as a delegate from the Society to Promote the Welfare of the Insane of New York,—a band of men and women who have this subject very much at heart, and who stand pledged to watch, guard and protect, by every just means within their power, the highest and best interests of the most helpless and most unfortunate of all human sufferers,—the insane.

The exhaustive and valuable paper by Dr. Samuel Wesley Smith, corroborates and emphasizes the statement already referred to,—that criminals often hide from justice in the asylums, thus degrading them to the level of penitentiaries, and placing the honorable superintendents in the ignoble position of keepers of criminals, instead of that most sacred of trusts, the care-takers of

the mentally diseased. To this I object, and I ask that sharp lines shall be drawn between the criminal classes and the irresponsible insane, for the purity of the asylums and the just defense of both the patients and the officers in charge of them.

For this purpose, we need a class of physicians specially trained in the schools before entering upon the work, able to detect unmistakably the difference between the true and the false insanity,—what it is, and what it is not—this malady which comes so mysteriously, and about which the average well-instructed physician knows so little.

Ladies and gentlemen, this is a most important question, and I beg your thoughtful attention. Shall we place our sick ones,—and most fearfully ill they are,—ten thousand times worse than death itself,—shall we place them in the hands of physicians wholly unprepared to treat them as a class? In almost every other line of human suffering, the medical schools recognize the need of special training of physicians. Let us not permit insanity to be an exception.

Another thing is the proper care of the insane in the asylums. They are shut up worse than alone, and too often without sympathetic attendance, and who can tell when the cure comes? They should be carefully watched, and promptly released the first hour that the cure appears, else that which in the beginning was transient and curable, will surely become hopeless and incurable.

A case in point comes before me. It is that of a lovely lady, who seemed to become insane by reason of great affliction and sorrow. The husband was injured mentally in the war of the rebellion, and for four years he did not know his own name. Finally he died, and with

the long-continued trouble, went their large estate. Is it any wonder that the wife broke down, and that there came a time when she raved violently for weeks? The doctors,—intelligent and trustworthy men—all finally declared her to be insane, and directed her to be placed in an asylum, which was done. That she was insane at the time, no one who saw her doubted.

Four days afterward, a young physician who knew her well and loved her, called to see her at the asylum, and had a long talk with her, and when he came away he declared her to be perfectly rational, and persevered until she was removed to a quiet home, the whole time of her treatment in the asylum being just ten days. She lived many years afterward, and never had any return of the symptoms.

Now, suppose this lady had not been so watched and cared for by friends? Suppose the young physician had not been so brave and positive in declaring an opinion directly adverse to the physicians in charge? Or suppose those others had not been thoughtful and honorable gentlemen? Do you not see that they might have prevented her removal just at that time, in which event, she would probably very soon have become insane, by contact with other patients. It is a question whether her case was anything more than one of hysterics, brought on by heavy sorrow.

I ask the members of the Medico-Legal Society, my comrades, why there should not be women physicians to look after the female insane? It is a reasonable request, that they shall be attended exclusively by their own sex in the asylums, and that there shall be a fair proportion of women on the State Board of Commissions. In the State of Maine, where the whole ground has been gone over, and all these things have been con-

sidered, and in several other of the States, there are at least two women on the Board of Commissions, and I ask that New York shall not only stand side by side with these States, but that she shall stand foremost in all wise reforms.

In Maine, it is the duty of one of the women officers to visit the asylums at least once a week, and to see that every patient is provided with pen, paper, ink, and postage stamps, and a letter box is placed in the wards, and each patient is permitted to write to whom she pleases, as she pleases, and as often as she pleases, and it is dropped into the United States Post Office, and no one may read it, thus securing to each that constitutional right which belongs to every individual in the United States.

What if they do write nonsense? Plenty of sane people do that. If there is to be a censorship of the mails, let it begin outside of the insane asylums!

Some superintendents claim that friends do not wish to receive letters, and forbid them to be sent. It is their duty to hear; they may destroy the letters sent to themselves, but they have no legal right to interfere with their passage through the mails. Suppose they do contain complaints against the management of the hospitals? If true, they should be told; and if false, the truth will stand investigation. There is nothing to fear. There are those looking on who can judge fairly whether it is true or false. Such complaints as these are the staple of conversation in every hotel and boarding-house in the land. If there is to be a reform, do not let it begin alone in the insane asylums.

A lady friend of mine residing in New York had the misfortune to spend two years as a patient in an asylum. She has told me many scenes in her experience, one of

which in particular lives in my mind, and gives me a quick pain, as I am sure it will to you, when I tell it.

It is the rule in that asylum for all the patients to be led to work at stated hours each day—willingly if they will, forcibly if they must. One morning, the keepers,—all men, and far from gentle—were conducting a group of women who did not want to go. One especially refused to go. She was near middle age, had been brought up in a happy home apart from the laboring classes, was herself a mother weeping for her children, and her soul rebelled against the brutal commands of the coarse man keeper. Finally she rushed into the sitting-room, and throwing herself on her knees, buried her face in the lap of my friend, and cried: “Don’t let them treat me so. Oh, save me, save me!” The keeper took her roughly by the arm, and said: “You must get up, and go to your work. You are not sick; all that ails you is laziness.” She raised her face, streaming with tears, and cried; “I am not lazy. God knows I never was lazy; but I am sick, and I am thinking of my children at home. O, Father, I want my children!” At which, the man keeper caught her roughly by the arm, and, to use my friend’s words, “yanked” her out of the room. You all know what that means.

Women must have physicians and attendants of their own sex, just the same as men have. This is so reasonable that the reform will surely come. Both reason and public opinion are with us, and I do not fear.

I have a friend in the room now whom I will introduce to you, for this is more than a speech,—it is also a prayer,—a plea for those who cannot plead for themselves.

This dear young woman now by my side is known to most of you as one who dared for the sake of woman to

simulate insanity, to cause herself to be imprisoned in a place where insane people dwell. She had no difficulty in getting in,—she would have had far more in getting out, if she had not had good friends outside to stand by her. Her name and her experience are a hope and an inspiration to every inmate of an asylum. Since Nellie Bly (applause) dared to enter unbidden and unknown, one gentleman in New York, and another in Chicago have undergone the same experience, and the statement of each, while differing in detail, fully corroborates hers in outline.

In closing, I wish it to be understood that all I have said is strictly impersonal. I have no quarrel with either asylums or individuals, and I have none in my mind in speaking. We are dealing with principles and not with persons. Asylums are a public necessity, and no greater misfortune could come to the class we seek to benefit, than to have them abolished. As they exist in the United States to-day, they are doubtless as good of their kind as anywhere upon the earth, and are greatly in advance of any in the past.

But I respectfully submit that they are not yet perfect in the points I have cited, and in this age of human justice, we have a right to ask for such reforms as look toward absolute perfection. To this end, we summon the united wisdom of the physicians, the lawyers, and the superintendents of asylums, through the International Medico-Legal Society. (Applause.)

Chairman Judge NOAH DAVIS: You are all greatly obliged to me, I know, for having called upon Mrs. Thomas. It is my duty to hold the balances as evenly as possible between the two professions in this Congress of Law and Medicine. As medicine has been pretty well furnished this afternoon, I think I shall do no in-

justice to that branch if I venture to ask Judge Curtis to give us five minutes on the subject. (Applause.)

JUDGE GEO. M. CURTIS.

Mr. Chairman, Ladies and Gentlemen:—I must confess that the law, to its shame and to its everlasting reproach, has not kept pace with the scientific principle in the consideration and treatment of mental conditions, and one reason of that may be that it is absolutely impossible for the ordinary lawyer or judge to have a thorough knowledge of the constant advance in this science with his other duties. Now, the true principle, it seems to me, that ought to be established and will be established by the education of such organizations as this, is not that it be sufficient that a person shall know the difference between right and wrong to constitute a sane person, but that he shall have control of the will sufficient to govern his judgment in reference to the deed. In other words, there are many men and women—and it has been illustrated in my professional experience in the case of some of the most conspicuous lunatics of the world—who know the distinction between right and wrong, but who are, while having the intellectual functions to distinguish, unable to control the will-power.

An illustration comes to me immediately in reference to the alcoholic habit, which, in many instances, is a form of insanity. This instance is that of one of the ablest men that ever appeared in public life, who was a Senator in Congress, and the Governor of a State, and whose last act in life was one of devotion and loyalty to his country. That man at times was compelled to surrender his individuality to the demon of drink, and permit his character to be dragged to the lowest moral quagmire, because, as he told me with scalding tears

running down his cheeks, he could no more resist the demon than he could stay the flow of Niagara.

That illustrates one principle.

Another bad feature is the criticising of the two professions—the medical and the legal—the one by the other. The physician criticises the strictly legal methods of the lawyer, while the lawyer takes revenge upon the practices of the doctors. Now, one thing should be set on foot by this Congress; it cannot be done in a day; it cannot be done in a year—and that is a plan for the education of physicians as mental experts. When I tell the great judge, and he (Ex-Judge Noah Davis) will always be a great judge, whether he sits on the bench of a court of law, or in the hearts of the people (applause), that an intellectual man, such as Rufus Choate was, for instance, is at the disposition, and in the power, and subject to the caprice of two doctors, who do not know how to properly diagnose a case of fever, he will say I am right.

In my professional capacity as a lawyer, it has been my fortune to examine mental experts from New York to Kentucky. I have tried insanity cases in nine States in this Union, and I could count and can count the competent medical experts whom I have seen on the fingers of my two hands. That seems to be astounding, but it is so.

That very gifted lady who referred to the experience of that charming and wonderful young writer in the asylum, called attention to a matter that has interested many physicians and lawyers—how a young woman could so easily simulate insanity, and deceive even the great Dr. Gray, if he were alive, unless he had the opportunity at the time to properly examine her, which seems incredible. Of course, you know, or at least, the young

lady will remember, that these examinations are to an extent superficial, and are based upon an understood report of fact.

Doctors on insanity should be educated specially for this business. Now, before I close, I wish to call attention to a few cases with which I am familiar, of various phases of insanity. In speaking of those able papers that were written as to the separation of the insane convict and the insane innocent—speaking of those papers that were read in reference to their treatment—how true it is, as Mrs. Thomas has said, that it is essential that the attendants of these unfortunate people in the asylums should be intelligent persons, and not rough and brutal ones. I know that to a great extent, and there are many who will bear me out in this statement, that the attendants are often brutal in their treatment. No one can tell how far and to what extent the physical condition of man is connected with mental development. The doctors know this to be true; for while there often are revealed evidences of organic disturbance, there are innumerable cases where the dissection of the patient confessedly insane, violently insane, has revealed no evidence whatever of organic disturbance.

That insanity is on the increase is beyond doubt. It is, to an extent, a result of speculation; but it is due, in part perhaps, to increased wealth—that is, the facility for increased dissipation; due to the competition in business, in professional life, especially in this great metropolis, this Mecca of the intellectual world, and the violation of the seventh command.

I remember one case which I would like to have Judge Davis carry in his mind when he recalls his other insane causes. The one I now refer to is that of a man living to-day, in good health, physically, sane entirely, so far

as his mental perception is concerned, when not under the influence of liquor. It is a most remarkable case of a man whose whole life was blighted—whose whole life was darkened by the prolonged machinations of those who sought to destroy his freedom. I refer to Dr. Helmbold, a man of the world, and learned in its affairs; a man whose executive ability built up a business which attracted revenue from every land on the earth, and still a man who, under the influence of liquor presented the spectacle of one entirely, absolutely, without self-control.

There was the case of Col. Buford, who was tried in Kentucky for the murder of Chief Justice Elliott. He was a man of great ability, one accomplished in all respects, and yet who labored under the hallucination that his departed sister communicated with him, and urged him to the murder. Buford was in every respect a remarkable man; he could repeat whole passages and even chapters of the Holy Scriptures with accuracy. His knowledge of political history was equal to that of Stephen A. Douglass. He was a classical and *belles lettres* scholar.

There was the more recent case of Rhineland. Rhineland seemed to be a man of such strong perversion of the will-power that it amounted in its results to apparent insanity, so far as the action of the man was concerned, and still he was very properly declared to be sane, and properly declared to be a person who must meet the responsibility of a criminal act.

The last case, illustrating another phase of insanity, is that of Miss Coffin. She was sent to me by a very prominent mental alienist with the request that I would see that her legal rights were protected, and it therefore became my duty to see that her rights were so respected.

She was tried under the system that now prevails. That is, before a layman, a lawyer, a doctor and a sheriff's jury. On the evidence as submitted there, she was undoubtedly sane, but in point of fact, there can be little doubt that she was insane so far as regarded an affection that she had conceived for a very popular player. Now, ladies and gentlemen, in her case were personified wit, culture, address, and, to sum up, I might say great business ability. She was very business-like indeed, when it came to settling up for the case; she cheated all the lawyers and doctors in the action. (Laughter.) But as regards her hallucination in reference to the distinguished tragedian, I have no doubt that this hallucination, or whatever it may be defined, was positive.

I think the lawyers and doctors should work together in this great science. I fear that too much of the spirit of envy exists among professional men. "Wrath is cruel, anger is outrageous, but who can stand before envy," saith the Scriptures. We should eradicate this moral leprosy from the mind as far as permitted by our common human nature.

I did not expect to speak. I thank you very much, ladies and gentlemen, for your kind attention, and also the President for his kind notice. (Applause.)

Chairman Judge NOAH DAVIS : Now, ladies and gentlemen, as Chairman of this meeting, I feel that I have contributed a little to your pleasure, and now, using the prerogative of my office, I propose to make you supremely happy by declining to make any speech myself. (Laughter.) Of course this discussion has been an interesting one, and I should like to suggest before this Congress adjourns, the question : How can Insanity be best Prevented? I do not see that question on any of the papers to be read before us. The fact is, I fear, that

we live in an age when the tendencies are toward insanity. All human beings properly made up, I fear it must be admitted, have a fine vein of insanity running through their system, and I think the wisest course is for doctors to enter into a discussion as to how insanity can be prevented; how can its course be determined; how can men be protected from its fearful effects? We should strike at these through the fundamental question, how can it be prevented? We live in an age which, by the instrumentality of the telegraph and the railroad we get the news of all the murders, of all the suicides and of all the happenings over the entire country, over the entire world, and we dine upon these choice morsels and are in a constant whirl of excitement. The tendencies of the people in large cities are vastly greater towards insanity than in the country. How can we educate our people, by what sort of treatment can we properly teach them, so that these things can be received by them without causing this great mental excitement and strain?

We must teach them as the Indians teach their children, in the manner prescribed by the Latin maxim, that we must not be surprised at anything we hear or see. If that can be done, so that those terrible things that are now happening in this country, in other countries wherever news is gathered by the wide-stretching wires of the telegraph. If we can do that we shall accomplish largely the greatest benefits that can be accorded to man in respect to that terrible disease, insanity of the mind. (Applause.)

Chairman: It is simply my duty to say that this meeting is adjourned, and invite you all to be present at its future sessions, and bring your friends with you.

CLARK BELL, President.

M. ELLINGER, Secretary.

MORNING SESSION--THURSDAY, JUNE 6.

CLARK BELL, Esq., President, in the chair.

The session was opened by prayer by Rev. Dr. G. Gottheil.

PRAYER.

O Thou Infinite Being, who revealest Thine own nature in our love of right and of truth, whose spirit breathes in our aspirations after the good and perfect life, we would begin our work with the ever blessed thought of Thee, that thereby we may be endowed with strength and directed in our search after light and wisdom. We would be comforted with the knowledge that in laboring for the well-being of our fellow men we are offering Thee an acceptable service; and in establishing righteousness upon the earth, we are making Thy heavenly kingdom come to us. We would so consecrate our endeavors to high and noble ends that we might come to Thee in the boldness of faith and trust, asking Thy favor upon the works of our hands.

Grant, O God, that from the experience stored in the annals of human history, from the study and observation of the laws by which this world is governed, and by the earnest counsel which we take together, new light may rise over dark places and the shadows recede more and more, which are still covering the administration of justice; grant that we may gain clearer insight into the more hidden workings of the human mind and a fuller understanding of the secret motives and impulses of the human heart, and thus learn ever more truly to estimate the measure of our responsibilities.

Graciously preserve us from all pride and all overbearing sense of achievement, those stumbling blocks in the way of true science and widening intelligence, and help us duly to discriminate between the compelling force of reason, of argument and of knowledge, and the delusive power of mere self-assertion and self-will. For then alone can we hope to find the truth. May the good we have been able to accomplish work in us for that faith which grows in strength with the magnitude and the importance of the tasks we set before us. May all resolve in Thy Divine Presence, to build the City of God on the eternal foundations of right and of justice, and make it a refuge for the innocent and a place of retribution to the guilty.

Let love and kindness and mutual toleration reign in our counsels, and may it always be our endeavor to temper justice with mercy, to redeem the fallen brother and sister; may we never fail to consider in the darkest crime the same weakness and the same passion to which we ourselves are

subject and from which we are saved by the favor of our conditions ; and may this knowledge deepen our pity with the sinner and our compassion for those whose feet have been caught in the snare. O, how wonderful is the power of love ! In the midst of a terrible visitation that has fallen upon our people it rises like a messenger from a higher sphere. When the raging forces of the material world, blind and destructive, threatened to uproot our faith in a wise and beneficial ruler of our destinies—love appears as to give us new assurance and to speak peace to our troubled and despairing hearts. In the midst of our grief and pity for the suffering let us still adore the Power which alone can adjust and compensate and bring out good from evil, joy from sorrow, light from darkness ; let us do it in the silence of that reverence which is too deep for words, too sacred for speech and which is the purest and holiest worship of the All Perfect. Amen.

The President called Dr. S. TUCKER CLARK, of Lockport, to the chair, who presided at the morning session.

The paper, "A Study of the Skulls of Criminals," by Dr. FREDERICK PETERSON, was not read by reason of the illness of Dr. Peterson, who advised the Chair of his inability to complete it, and promised that he would do so later and read it before the Society.

The paper, "Mental Epidemics," was read by EX-CORONER ELLINGER, the Secretary of the Congress.

The paper, "Freedom of the Will," by Dr. C. A. F. LINDORME, of Fort Reed, Florida, which was to have been read by Dr. W. G. Stevenson in the absence of the author, was, on account of Dr. Stevenson's absence, read by title.

A paper by Rev. Dr. WM. TUCKER, of Ohio, on the "Philosophy of Criminal Law," was also read by title by reason of the absence of the author, and the pressure of time upon the Congress.

A paper by R. S. GUERNSEY, Esq., of the New York Bar, on "The Power to Transmit and Record Language," was read by the President at Mr. Guernsey's request, who was present.

The paper on "The Abolition of the Coroner in Massa-

chusetts," by THEO. H. TYNDALE, Esq., of the Boston Bar, was read by Mr. Tyndale.

CHAIRMAN: The discussion is now in order.

ALBERT BACH, Esq.: This discussion of the papers which are read before this Congress is, perhaps, of as much importance as their reading, and it is to be hoped that those present, having ideas to express, will give their opinion on these subjects.

It strikes me that while Mr. Tyndale may be entirely correct in his relation of the abuses of the system as it existed in Massachusetts, it is hardly fair to consider the office of the coroner, its duties, its powers, and the performance of those duties, and the exercise of those powers in the light of an absolute abuse. I look upon the office of coroner as an exceedingly essential one. If you have a man who is incompetent to perform the duties of that office, then blame the man, but do not blame the office. In this State the office of coroner is a judicial one. The coroner has his deputy, who is a physician and in many instances an experienced surgeon, surgical operations being peculiarly requisite in cases coming before that official.

The coroner, as we all know, sits as a judge, while the autopsy is performed by the deputy.

It does not strike me that in our experience in this city we have had men as coroners of such great carelessness or great ignorance, as a rule, as we have been here referred to by the reader of the last paper, as characteristics of the men who have filled the office in Massachusetts. It is exceedingly advisable to have a prompt investigation of the cause of a person's death, and it is at the same time vitally important that no man shall be deprived of his liberty on suspicion, unless he has the opportunity of an immediate hearing. That opportu-

nity, in my experience, has been invariably afforded him in the City of New York through the coroner's office, and I do not think it fair to assume that the same opportunity has not been afforded in different parts of the world where the institution of coroner and his jury exists. True, you will have ignorant jurymen preside over a case in the coroner's office, as you will have ignorant jurymen preside in cases in every court. They have to take the evidence as given, they are presumed to be intelligent men, and I believe that our coroners here are particularly careful not to select men who are known for their ignorance. I think they see to it that intelligent individuals sit on their juries.

Now, in the great rush of judicial procedure in a large city, it is almost impossible that a man have an immediate hearing in our criminal courts, and even if he had, the investigation is not of the satisfactory character that he can have before a coroner's jury. In a hearing before a coroner, the question is, has the person met his or her death by other than natural causes? The deputy, having made his autopsy, gives his evidence, and physicians known for their ability testify as experts, and the matter, together with the circumstances concerning the death of the person, if ascertained, are given to that jury, to say whether the person or persons suspected shall be held. Such a course is entirely proper, for if a man were to be indicted in the first instance irreparable injury might be done.

I do not know whether you are all acquainted with the methods adopted for procuring an indictment. In obtaining an indictment, the accused has very little to say, and he has very little opportunity to do anything to defend himself. His opportunity comes after the indictment is found and he is put on trial at the trial session.

Imagine the terrible calamity to a person who is innocent, of being indicted on the ground that he has committed a crime. You say : Oh, he will have a chance to exculpate himself before a petty jury. But there is always the moral effect of an indictment by the grand jury. There is a stain of an indictment, which cannot always be wiped out. I have known people who, while talking to me would point out a man and say, " He was indicted for a crime." There is a lurking suspicion that there was some reason for that indictment.

By the coroner's system it must be shown that the man can be legally held at all, and if the coroner's jury exculpate him, although a subsequent indictment may be found against him, the court considers the weighty influence of the verdict of the coroner's jury.

Therefore I say it is not just, and I say it with the utmost respect for the reader of this paper, it is not just, it is not right, to condemn the coroner's jury system on account of the abuse of that system in one particular locality.

CHAIRMAN : The discussion is still in order. Has any member or delegate any observations to make on this topic ?

Mr. Tyndale: I would like to ask one or two questions. What do you do with your coroner's verdict when you get it ?

Mr. Bach : The verdict of a coroner's jury can be used in this State, and the evidence given before a coroner's jury can be used in this State on the trial before a petty jury. The witnesses who are called in behalf of the prosecution before the petty jury can be confronted with their sworn evidence given before the coroner's jury and in that manner their remarks or testimony be-

fore the petty jury can be rectified by their sworn testimony taken before the coroner's jury.

Mr. Tyndale: In other words, it would be a cross-examination? Mr. Bach: Yes.

Mr. Tyndale: Who appoints these assistants? Mr. Bach: The coroners themselves.

Mr. Tyndale: And how do you select your coroners? Mr. Bach: They are elected.

Mr. Tyndale: What class of men do you elect? Mr. Bach: We elect men who are presumed to be men of good sound common sense.

Mr. Tyndale: But are they? Mr. Bach: As a rule they are in this city.

Mr. Tyndale: Why don't you select a judge or lawyer, and get at the thing directly? Mr. Bach: For the reason that the coroner takes but such evidence as under the law he has the right to take. The question of fact is entirely submitted to the jury. Considerable latitude is given to a coroner's jury, without an adherence to strict rules of evidence, as we adhere to in our courts.

Mr. Tyndale: That is what we complained about in our State. Mr. Bach: I say, with all respect to you, because the system did not succeed well in Massachusetts, it is not fair to disapprove of the whole coroner system.

Mr. Tyndale: You admit the latitude? Mr. Bach: There is a latitude.

Mr. Tyndale: Why, then, should there be a judicial investigation for such cross-examination; why not proceed at once? You surely do not indict a man here without good cause. Why can't you reach it through a jury, and reach it more directly, without loss of time? Mr. Bach: Because it can be done more rapidly through the coroner, on account of our complicate calendars, and

it is a speedier determination whether a man can be held at all.

Mr. Tyndale: The coroner cannot bind him over?

Mr. Bach: Yes, he has that power.

Mr. Tyndale: He is not tried, however, on what the coroner finds? Mr. Bach: He is simply confined on the verdict of the coroner's jury. The verdict of the coroner's jury in this State is not useless. That is the difference that exists between your State and ours.

Chairman CLARK BELL: I will make a few observations on Mr. Tyndale's paper. I quite agree with the author on the entire uselessness of the coroner's office under our laws. Some years ago the subject was brought before the Medico-Legal Society, and some papers were read and an application was made here to abolish the office of coroner. A paper was contributed by myself at that time which might be of interest in this discussion, entitled: "*The Coroner's Office—Should it be abolished?*" I contribute it again, as the subject is thus again resumed. The office of coroner was made part of our organic law by a section of the Constitution of the State, which provides that there shall be four coroners elected within each county, and the office could not be absolutely abolished without changing the Constitution. I think that had this constitutional question been then raised, it would have been abolished or substantially modified.

The only remedy left was to limit and restrict its powers, and practically make it an obsolete office by legislation.

I differ with my brother Bach as to the effect and practical working of the coroner's office in New York. Criminal proceedings can be instituted in New York without any application to the coroner, and, indeed,

usually are. You go before the Grand Jury with your complaint, and can procure an indictment entirely irrespective of the coroner's transactions and proceedings.

Whatever the coroner does has no legal effect upon the subsequent proceedings. For instance, if the coroner's jury should decide that no crime had been committed, it would not make the slightest difference with the Grand Jury's action, or the opposite, if they found there had been a crime committed. The proceedings of the coroner, the expenses of the coroner and the inquest are just so much time, money and labor thrown away, beyond all question. The evidence before the coroner is not read before the Grand Jury, and you cannot read the proceedings of the coroner's jury, or the evidence taken then, on the trial of a man on an indictment for the offense, because it might prejudice him improperly. The law does not provide for a stenographer before a coroner. You might bring in to confront a witness his evidence as to a different statement of facts from what he swore to on the inquest, provided you could prove that the witness swore to one statement then and another at the trial, but that is all. For example, take the recent case of Bishop. The proceedings have been extended and costly, many witnesses examined, but the verdict of that coroner's jury has not the slightest effect or is not of the slightest consequence to the people or the accused, in a legal point of view. For instance, you observe in this morning's papers that the District Attorney is considering whether he will lay this case before the Grand Jury. It is for the District Attorney to consider and decide whether the case should go to the Grand Jury. It can indict these accused persons without reference to the action of the coroner's jury.

NOTE.—An indictment in the case was found against the accused by the Grand Jury shortly after this session.

The coroner's jury is one of those obsolete inheritances which have come down to us from the English system, and is most aptly characterized by Shakespeare in his writings, and its administration as "*Crowner quest law*."

The evils of the system that the gentleman from Boston has stated, I can double and quadruple by instances in the State of New York, but after the agitation upon the subject some years ago, they have elected a very respectable and competent class of men to the office in the City of New York. Before that we had a low type of men for coroners, livery-stable men, undertakers and politicians entirely incompetent to discharge its duties. After the agitation on the subject of abolishing the office, introduced by the Medico-Legal Society in New York City, a much better class of men were nominated for the position, by consent of all the political parties, and their election was mainly due to the fact, that the time had come when the public would not submit any longer to such abuses, as were then public scandals. Mr. Ellinger, our Secretary, was elected under this new system as one of the coroners of this city. (Applause.) So was Dr. M. J. B. Messemer, who now holds the office by re-election—both members of that society at the time. The coroner is a committing magistrate under our law, and has the power to hold to bail in certain cases.

I feel that the French system, or the German system, or the Massachusetts system would be a great gain to us, because then we could proceed with our preliminary investigation before the magistrate with the same force, and with much more intelligence and certainty than before the coroner's jury. In the French system there is a physician appointed who has exclusive charge of the medical side of the case, who acts for the people. By

the Massachusetts law, the medical examiner is a medical man, who has charge of the medical side of the case, and the Courts and the prosecuting law officer has charge of the legal side of the case. It becomes a regular judicial proceeding, and is not a farce, as our proceedings before a coroner frequently are. The Massachusetts law is a great advance. It is a step forward. It is a great economy to the State in the administration of justice. It secures and provides for and maintains a system by which skilled medical men conduct and are held responsible for all the medical questions arising in these cases. Massachusetts, by abolishing the coroner system, has placed herself in the front rank of progress in criminal procedure, and no one can carefully examine the working of the Massachusetts system, and contrast it with the coroner system without seeing how much superior it is to the latter.

The paper which I submit will explain more fully and in detail the views I then entertained, and which I now regard as of still greater importance, and which have been since substantially adopted in Connecticut and Rhode Island, and are destined to obtain in other States of the American Union, as I believe.

Dr. W. W. GODDING: I do not wish to take the time of this Congress unnecessarily, but I desire to say a few words in regard to the very interesting paper of Mr. Ellinger on Mental Epidemics. That paper would leave the impression that madness or enthusiasm in anything is a form of insanity, the microbe of which we have not yet discovered. The French Revolution is an admirable illustration of what I mean. There, in Paris, for four days, the mob raged, and the infection spread with lightning rapidity, and yet a psychologist like Napoleon only needed to turn his guns upon that crowd and the microbe

vanished. I do not think this madness of the multitude is a brain disease, insanity.

Mr. M. ELLINGER: Mr. Chairman, ladies and gentlemen, I do not wish to take your time, but merely say that I did not intend to describe the French Revolution as a contagious madness, but I meant to show that the same process by which the passion of insanity flourishes, and madness spreads, in the same way do benevolent ideas carry one on in a reformation.

The CHAIRMAN announced that: The excursion boat will leave at 1:30 P. M., and delegates were requested to be present; also, that this evening, at nine o'clock, a visit will be made to the office of the *New York World*, where the members of the Congress will be received by the proprietors of that journal, and shown the operation of their presses.

On Saturday morning, at ten o'clock, a special train will be furnished by the directors of the Morris Plains Asylum, to such as wish to visit that institution. The train will start from the D. L. and W. R. R., at the Hoboken station, at ten o'clock A. M. This is one of the most interesting institutions in New Jersey, and one of the largest and most imposing of State insane asylums.

About forty members signified their intention to go, and the Chair was authorized to advise the officials at Morris Plains.

The morning session closed.

CLARK BELL,
President.
M. ELLINGER,
Secretary.

JUNE 6th, 1889, Afternoon, 1:30.

THE VISIT TO THE CITY INSTITUTIONS FOR THE INSANE OF NEW YORK CITY.

The visiting delegates were received at 1:30 P. M., upon the steamboat, by President H. H. Porter, of the Board of Commissioners of Charities and Corrections, and Dr. A. E. MacDonald, Medical Superintendent of the City Institutions for the Insane. The first visit was made to the Institution at Ward's Island, where the party were met by the entire staff of physicians and corps of assistants, except Dr. G. F. M. Bond, who was absent. A thorough visitation and inspection of this establishment was made. Refreshments were furnished by Dr. A. E. MacDonald in his apartments.

The steamboat then proceeded with the party to the Asylum for Women on Blackwell's Island, under the charge of Dr. Dent, as Medical Superintendent, where an inspection was made. The city prisons were also visited at this point, and the party returned, about five o'clock, to the city, very highly pleased.

The courtesy and hospitality of Dr. MacDonald and his medical staff were highly appreciated by the delegates, and the occasion was very pleasant and interesting. Dr. MacDonald furnished the following statement as to the institutions under his charge :

THE NEW YORK CITY ASYLUMS FOR THE INSANE, }
NEW YORK CITY, June 23, 1889. }

CLARK BELL, Esq., 57 Broadway :

My Dear Sir :—The census of the City Asylums upon the day of your visit was as follows:

Ward's Island Asylum.....	1,837
Blackwell' Island Asylum.....	1,754
Hart's Island Asylum (males).....	212
“ “ “ (females).....	874
Central Islip “.....	141
Idiot Asylum, Randall's Island (males).....	192
“ “ “ (females).....	108
Reception Pavilion, Bellevue Hospital.....	10
Total.....	5,128

THURSDAY EVENING, JUNE 6, 1889.

THE PRESS ROOMS OF THE NEW YORK WORLD.

The visit of delegates to the offices and press rooms of the New York *World*, was a novel and highly interesting feature of the Congress. Those delegates who attended will not soon forget the wonders of that remarkable and phenomenal newspaper.

The visit was made at 9 o'clock P. M., and all the operatives were at work in every department, preparing for the issue of the *World* of the next morning. The *World* was represented by Mr. Cunningham, who conducted the party through every department of the great establishment, from the editorial rooms at the top of the building, to the vast press rooms in the basement.

The great press was set in motion, (we submit the statement furnished us by its manager) and the wonders of its work and of the foundry for casting the type into semi-cylinders for the great army of presses, that all move at about two o'clock in the morning, when the enormous edition is printed, were fully explained.

PUBLICATION OFFICE,
WORLD BUILDING, PARK ROW, {
NEW YORK, June 20, 1889.

Clark Bell, Esq., 57 Broadway, New York:

DEAR SIR: The capacity of the quadruple press that you saw in the *World* press room, which is the largest printing machine in the world, is as follows:

90,000 four-page papers per hour.

45,000 six or eight-page papers per hour.

24 000 ten, twelve or sixteen-page papers per hour.

Delivered, printed, pasted, cut, folded, and counted in lots of 50.

The next largest press is just half this capacity.

The average daily circulation for the last three months was as follows:

March, 345,468; April, 350,256; May, 345,808. Yours truly,

G. W. TURNER, Business Manager.

It is hardly possible to describe the real marvels of this establishment. It must be seen to be appreciated. It is wholly unrivalled and without a parallel in the world.

A vote of thanks to the *World* was voted by the visitors.

MORNING SESSION, JUNE 7TH.

President CLARK BELL, Esq., in the chair :

Bishop E. G. Andrews being unavoidably absent, Rev.

Dr. Edward P. Thwing offered prayer :

Author of our being and Inspirer of every high and holy impulse Bestow on us, Thy servants gathered here, the illumination of Thy wisdom and the guidance of Thy grace. In Thy light, alone, shall we see light. For the brightness and beauty of the heavens we thank Thee; for all the felicitous circumstances of our meeting here; for the memorable past to which this Congress is a witness, and for a future to be, we believe, still more illustrious, of which it is an augury. Preside in all our sessions. Guide all our deliberations. Give dignity and weight to all our decisions. From mental indocility, from professional jealousy, from everything that narrows or darkens our horizon of thought, good Lord deliver us !

May all our works, begun, continued and ended in Thee, be to Thy glory and for the good of our fellow men. So by this, and by all our earthly fellowships, may we be the better prepared for that august assembly of the wise and good, in the presence of the King, to whom, through Jesus Christ, be and for evermore. AMEN.

The PRESIDENT : I have received a letter from Chief Justice Bermudez this morning. He is ill at the Hotel Lafayette, in Philadelphia, and is unable to get the consent of his physician to leave his room. He writes that he is with us in spirit, but will be unable to preside. I therefore ask your permission to appoint as Chairman of the morning session Prof. Kedzie, professor of chemistry in the Agricultural College of Michigan, and who represents the American Academy of Medicine at this Congress. (Applause.)

Prof. R. C. KEDZIE took the chair and briefly returned thanks for the honor.

President BELL : Mr. Chairman ; there is some business before the reading of papers is taken up, to which

I desire to call the attention of the body. At the time the Committee on Permanent Organization reported, naming a few vice presidents, it was intended by that committee to provide for the election of additional vice presidents, to be selected from each state, territory, province or country. It seems to me discourteous to prominent men, who were instrumental in promoting this Congress, that the vice-presidents should be numbered in order, as first, second, etc. It was not the intention of the committee that the vice-presidents should take any special rank by number, as indicated by the reports in some of the morning papers. I desire to make the following motion :

Resolved, That in addition to the vice presidents already elected, the following gentlemen be elected as additional vice presidents of this Congress :

Sir John C. Allen, of New Brunswick.
 Edward F. Bermudez, of Louisiana.
 Gov. Biggs, of Delaware.
 Dr. Daniel Clark, of Toronto, Canada.
 Ex-Chief Justice Noah Davis, of N. Y.
 Dr. Edward J. Doering, of Illinois.
 Prof. John J. Elwell, of Ohio.
 Judge W. H. Francis, of Dakota Territory.
 Dr. W. W. Godding, of Washington, D. C.
 Dr. Eugene Grissom, of N. C.
 Dr. Carl H. Horsch, of N. H.
 Judge Locke E. Houston, of Miss.

Dr. Charles H. Hughes, of Mo.
 Dr. W. W. Ireland, of Scotland.
 Prof. Robt. C. Kedzie, of Mich.
 Dr. Norman Kerr, of England.
 Dr. Jules Morel, of Belgium.
 Dr. Jennie McCowen, of Iowa.
 Dr. Connolly Norman, of Ireland.
 Prof. John J. Reese, of Pa.
 Dr. Bettineourt Rodrigues, of Portugal.
 Judge H. M. Somerville, of Ala.
 David Stewart, Esq., of Maryland.
 Theo. H. Tyndale, Esq., of Mass.

And that no distinction of members exist among the vice presidents of the Congress.

Motion seconded and carried unanimously. The several gentlemen nominated were declared elected. It was

Resolved, That the President be authorized to appoint additional vice president for each state, territory, province or country from those in each who would unite and take an interest in the work and the success of the movement.

President BELL: It is well known, that in both professions of law and medicine, in the universities and colleges of learning, the science of medical jurisprudence has in many instances been sadly neglected. Now that we have assembled a Congress devoted to that science, it seems to me, that we should emphasize our sense of what has been said in that respect as to both professions; and I desire to move: That as the sense of this Medico-Legal Congress now assembled, it is the manifest duty of every college of learning, or university in which law or medicine is taught to establish and maintain a chair of medical jurisprudence.

Motion seconded and carried unanimously.

Prof. S. TUCKER CLARK, of Lockport, N. Y., offered the following resolutions:

Resolved, That this Congress shall be a permanent organization, with power to continue the enrollment of new members, and that when it adjourns it shall adjourn to be called at such time and place as the officers of the Congress shall deem for the best interest of the science.

Motion seconded and carried unanimously.

President BELL moved the following resolution:

Resolved, That the transactions of the Congress shall be published under the supervision of the President and Secretaries and such additional members as the Chair shall add to the committee on publication.

Motion seconded and carried unanimously.

Dr. S. T. CLARK offered the following resolution:

Resolved, That it is the duty, and would add to the interest and benefit of the legal and medical professions, if every National and State Medical Society, and every National and State Bar Association in the United States

should appoint a standing committee upon medical jurisprudence.

Motion seconded and carried unanimously.

The first paper, by A. WOOD RENTON, Esq., of London, on "Medical Expertism in the Old World," in the absence of Mr. Renton, was read by Dr. S. T. CLARK.

The paper, "Live Birth in its Medico-Legal Relations," by Prof. J. JOHN REESE, of Pennsylvania, was read by the author.

"Expert Testimony in Homicidal Cases," by Judge WM. H. FRANCIS, of Dakota, the next paper, was read by Prof. EDWARD PAYSON THWING, M. D., in the absence of the author.

The paper, "Medical Expertism Considered from its Legal and Medical Standpoint," by T. GOLD FROST, Esq., was read in the absence of the author by Dr. LE MONNIER, of Louisiana.

The paper, "Shall we Have an American Penal Colony?" was read by the author, Dr. HENRY S. DRAYTON.

Dr. DRAYTON: You will perceive that the topic that I have selected for this paper will appear to be somewhat out of the common line of topics discussed on an occasion like this, but I think that before I shall have finished you will perceive that there is an important bearing upon Medico-Legal topics in this matter of penal colony, especially in its social aspect. The subject is an exceedingly broad one that I have chosen, and in the paper, which will occupy but a few moments in reading, I have merely touched upon its border, mainly its social relations.

Professor KEDZIE: Mr. Chairman, the subject of expert testimony is now before you for discussion.

President BELL: As the hour is late, perhaps it would

be well to limit the speakers to five minutes, and I so move. Carried.

Prof. JOHN J. REESE: Mr. President, I would offer the following resolution. I came into the room just as Mr. Bell had offered his resolutions this morning, regarding forensic medicine in colleges, and therefore had no opportunity to offer this at the time as an amendment. If it is not too late, I would like to offer this either as an amendment, or as a separate resolution:

“*Resolved*, That in the opinion of this Medico-Legal Congress, not only should the subject of medical jurisprudence be recognized in the various institutions of learning, but in the medical and law schools of this country; that such schools should include such a course in its curriculum of studies, and that examination on this subject be made necessary for graduation in either medicine or law.”

I might say, in support of this resolution, that it is well known that in very few, if any medical schools, is such an examination required. In a great many institutions it is written on their curriculum—medical jurisprudence—but when we come to sift the matter, it means nothing. That is to say, it is put upon the list of studies, but it is not really taught. I speak from experience. I come from Philadelphia, where there are three well-known schools, in not one of which is the study of medical jurisprudence made obligatory. I know that the colleges in New York also mention medical jurisprudence, but whether the study of it is insisted upon as a necessary factor in the graduation of the pupil, I do not know.

President BELL: It is not, I regret to say.

Professor REESE: Well, it seems to me that some such action should be taken. It is so throughout the coun-

try. I believe that in Ann Arbor, Mich., the study of medical jurisprudence is insisted upon.

Chairman Professor KEDZIE: It is.

Professor REESE: I am very glad to hear it. I know that lately the Illinois State Board of Health will not allow any one to act as practitioners unless they have a knowledge of medical jurisprudence. I believe it is so in Florida, California and Michigan. A few other States are coming into line, but I am very sorry to say that in Pennsylvania, New York, and in all of the old States, this subject is not properly considered. Now, I want to give emphasis to the resolution of Mr. Bell, and am willing that this be either annexed as an amendment to his resolution or introduced as an original resolution.

President BELL: Professor Reese's amendment is so far reaching and of such importance that I think it had better be taken as a separate resolution.

At present, the graduate is frequently given a certificate as M.D., without having the slightest knowledge upon the question of insanity, or ability to know when a man is fit to go into a lunatic asylum. To be a completely qualified medical man, one should pass through a course of study to fully qualify him for that position; and every physician, it seems to me, should be educated in medical jurisprudence. It seems an anomaly that our laws should provide for the commitment of insane persons upon the certificates of the medical men, and yet have no safeguard as to the competency of the medical men to certify. We all know the general ignorance of the medical profession upon this branch and other branches of forensic medicine. It is a crying evil. I heartily second the resolution of Professor Reese, and if it is instrumental in enabling this Congress to bring the

attention of both professions to this important subject, it will justify its being called together. (Applause.)

Prof. SIMEON TUCKER CLARK: Mr. Chairman, I wish to second that resolution of Professor Reese. The University of Buffalo taught medicine for forty years, without recognizing the fact that medical jurisprudence was requisite, her professors deeming it only necessary to give a few hints on this subject as connected with their chairs. But five years ago, when the medical department of Niagara University was instituted, one of the first results of its work was the establishment of a Chair of Medical Jurisprudence, and with such success, that the Buffalo University immediately appointed a Professor of Medical Jurisprudence. In both these institutions to-day, it is necessary to be examined in this study in order to pass a medical examination for a degree, and I can assure you that in Niagara University, medical jurisprudence is firmly established. The students of this college are taken to the several court rooms when medical examinations are going on, or expert witnesses on various subjects are heard, and the young men take notes of the case and study them over afterwards. In fact, jurisprudence is clinically taught.

Dr. Y. R. LE MONNIER, Coroner of New Orleans: I heartily concur with all that has been said about the necessity of teaching medical jurisprudence. Lawyers themselves frequently admit that they know little or nothing about it. Coroners should not be undertakers and men of the like, wholly uneducated in forensic medicine, as was formerly the case in my section of the country, but fortunately is no more since the Constitution of 1879, which demands that a coroner should be a graduate of medicine from a respectable school. We cannot speak out too firmly, for the sake of society, for

that of the unfortunate insane, and for our own sake, that medical jurisprudence be properly taught.

Resolution offered by Professor Reese was carried unanimously.

President BELL: I wish to move, Mr. Chairman, that the Committee on Publication be authorized to include in the Bulletin of these transactions such correspondence as they have received and may deem necessary to preserve in this manner, in order to make the record complete.

Motion seconded and carried.

President BELL: Before adjourning, I wish to state that it is expected of the members of this Congress to hand in their enrolling fee as members to the official stenographer.

Motion to adjourn morning session seconded and carried.

AFTERNOON SESSION, JUNE 7TH.

President CLARK BELL in the Chair.

PRESIDENT: I have the honor, and I esteem it a very peculiar pleasure, to introduce as the Chairman of the afternoon and closing session of the Congress, the Hon. David Dudley Field. (Applause.)

Mr. DAVID DUDLEY FIELD, Chairman: Ladies and Gentlemen, the first paper is on "The Sense of Smell in Medico-Legal Cases," by J. Mount Bleyer, M. D. (Applause.)

Paper read by Dr. Bleyer.

CHAIRMAN: The next paper is on "Medico Legal Points of Rare Cases of Simulated Nervous Disease," by Prof. J. K. Bauduy, of St. Louis.

Prof. BAUDUY: My apology for introducing this case may be because the eyes of the entire West has been upon it.

Paper read by the author.

Dr. QUIMBY: I would state that at the time of my departure from St. Louis last Monday morning, I requested the senior counsel to keep the boy under the surveillance of the police. Last night I received from Mr. Marshall McDowell, the senior counsel for defendant, the following dispatch, which I will read:

"J. K. Bauduy, New York City: Careful inquiry among neighbors and associates of the boy, Willie Meyer, fails to disclose any manifestations of fits since the trial. He mingles daily with former playmates, apparently as well as ever he was. Signed,

MARSHALL McDOWELL."

CHAIRMAN: The next paper is on "Some Forensic Features of Psychology," by Prof. Edward P. Thwing, M. D., of Brooklyn.

The paper was read by the author.

CHAIRMAN: The following papers will be read by title, their authors not being present, and the lateness of the hour forbidding their being read:

"The Legal Relation of Imbecility and of Suicidal and Homicidal Monomania," by Edward C. Mann, M. D., of New York.

"Hereditary Criminality," by Mary Weeks Burnett, M. D., of Chicago.

"Province of Medico Legal Societies," by S. Hepburn, Jr, of Carlisle, Pa.

CHAIRMAN: The next paper is on "The Preservation of Medico Legal Evidence, in Capital Criminal Cases, as Affected by the Disposition of the Dead," by C. A. Harvey, D. D., which was read by the author.

Chairman DAVID DUDLEY FIELD: The Secretary reminds me that there is yet a great deal to be done, and he therefore instructs me to read the following papers by title, which I will do:

“Electrical Distribution,” by Harold P. Brown, Esq.

“Legislative Control of Dangerous Electric Currents,” by J. Murray Mitchell, Esq.

“Electricity and the Death Penalty,” by Clark Bell, Esq.

With this announcement the papers that are to be read by this Congress are finished.

The discussion is now open for the papers that have been read to-day. After that we will adjourn, in order that provision may be made for the banquet to-night.

Dr. QUIMBY: Before the discussion proceeds, I would like to move a vote of thanks to the Messrs. Steinway for their kindness and liberality in donating this hall for the use of the Congress.

Motion seconded and carried.

Similar motions of thanks to the Commissions of Charities and Corrections, the proprietor of the *New York World*, and the Board of Trustees of White Plains Asylum, were adopted.

Dr. QUIMBY: I wish to make another motion; that we tender a vote of thanks to our President, Clark Bell, Esq., for his individual and extraordinary efforts in promoting and carrying on this Congress. The labors of Mr. Bell have been arduous and exacting, and have occupied very much of his time, and I do not detract from others in ascribing to Mr. Bell the credit of giving the high character and the great success, that the Congress has attained.

Mr. WM. LANE O'NEILL: I am one of the readers of papers here, and I think I have a right to say a word on

this subject. This vote should not be passed in silence. I feel, and I suppose every one of the members who have read papers here, and who have had opportunities of observing the zeal, the energy, and the devotion of our esteemed President to this great work, and his noble contributions to forward the great cause of Medico-Legal Science, feel that we have had at our head a man who has done all in his power to make this Congress a success. I therefore think that it is fit that the vote be not allowed to pass in silence. I feel that my thanks are due, and I take the liberty of saying that your thanks are due, in a very pertinent way, to Mr. Clark Bell for the noble part he has taken in this great work, and therefore I have much pleasure in seconding the motion which has been most properly put. The motion was unanimously adopted.

President BELL resumed the Chair: The temporary Chairman informs me that there is no disposition to continue the discussion of the papers, and I thank you all for your presence and aid and the attention which has been given, in behalf of the Congress. I now declare this session of the Congress closed.

CLARK BELL,

President.

M. ELLINGER.

Secretary.

TRANSACTIONS.

MEDICO-LEGAL SOCIETY.

PRESIDENCY OF CLARK BELL, Esq.

September 18th, 1889. Society met at Hotel Buckingham.

The following persons were elected active members, proposed by President Bell, on recommendation of the Executive Committee :

Dr. Hayes Newington, President British Medico-Psychological Association, Ticehurst, Hawkhurst, England ; Dr. Daniel Nicholson, Superintendent Broadmoor Criminal Lunatic Asylum, England ; Dr. Wm. Orange, Brighton, England ; Judge Barbier, Presiding Judge Cour de Cassation, France ; Dr. G. Austin Stockwell, Detroit, Mich. ; Dr. Geo. A. Tucker, New South Wales, Australia ; Dr. Clarence Thwing, 156 St. Marks avenue, Brooklyn, N. Y. ; Dr. Vleminickx, President Medico-Legal Society of Belgium, Brussels ; Louis B. Levy, Esq., New York City.

CORRESPONDING.

Dr. John B. Kerr, Canton, China.

The following papers were read :

“The Hygiene of Interments.” By C. A. F. Lindeman of Florida, read in the absence of the author by Mr. Quimby, of New Jersey.

“Classification of the Varieties of Insanity.” By Dr. Joseph Jones, of New Orleans, La. ; read by Dr. Frank H. Ingram, in the absence of the author.

The President, Mr. Clark Bell, then called ex-President Isaac Lewis Peet, LL.D., to the chair, and made an ad-

dress, which was entitled "Resumé of Recent Trip to London, Belgium and Paris," which was received with applause. Mr. W. Lane O'Neill spoke, approving Mr. Bell's remarks.

The Committee on County Care of the Insane, submitted a report of the June meeting (*Vid.* September No. Journal), which was unanimously adopted, after discussion by Dr. Lucy M. Hall, Dr. Quimby, Dr. Peet, President Bell and others.

On the discussion of Dr. Joseph Jones' paper, Mr. Clark Bell said :

MR. BELL: The most important thing in connection with the classification of insanity that has occurred recently, is the fact that at the Congress of Mental Medicine last month in Paris, they adopted a basis of classification of insanity, after a very spirited debate. Dr. Jules Morel, of Belgium, read a paper on this subject, in which he went over the various propositions that had been submitted to the Belgium Society of Mental Medicine by the International delegates from various countries of the world, as a basis for classification of insanity, the object of which was to furnish a universal standard for International Statistics of the Insane.

Those of you who have been familiar with this question, which has been agitating the scientific world, will remember that it was regarded almost with despair of our being able to arrive at any practical solution of the question. A Congress was called at Saratoga of the prominent alienists of this country, presided over by the venerable Dr. Pliny Earle, which submitted a basis of classification called the American Plan. The English sychologists, with Dr. Hack Tuke as Chairman, submitted a plan; Prof. Steinberg, of Copenhagen, submitted a plan for the Scandinavian countries; the ven-

erable Prof. Senator Andrea Verga submitted his own plan. The French, led by Dr. Magnan, who was a member of the International Committee, declined to submit any plan which could, by reason of difference of opinion, then be distinctively called a French plan; the Russians, under Mierzejewsky, submitted a plan, as did the Germans, the Swiss, through Prof. Wille and others. The Belgians had finally agreed upon a general plan which Jules Morel submitted to the Paris Congress.

This whole subject came up before the Congress of Mental Medicine at Paris, for action and at the close of Dr. Morel's paper there was put down upon the black-board a basis which, after a very long and spirited debate, was adopted by the Congress, with only two dissenting votes; and it is a fact the scientific world may take great pleasure in knowing that at that Congress a plan or basis of classification of mental diseases was agreed to by the joint delegates representing most of the countries of the world. This basis, however, it must be remembered, was for statistical uses and purposes only. It was a classification of insanity adopted as a basis for the purpose of a common ground, or basis of international statistics regarding the insane, and I hope it will receive the general sanction of the scientific world.

The criticism which Dr. Jones makes on Dr. Theo. Kellogg's classification is, perhaps, accurate. It reminds me of a definition of insanity which I once read, written by a young medical student who had undertaken to write a book, which he called a Treatise on Insanity. This definition was about half a page long and unintelligible to anybody, except, perhaps, the author. It would be impossible to commit it to memory or use it for any practical purpose. That is substantially what Dr. Jones says of Dr. Kellogg's classification. But Dr. Kellogg's classifica-

tion is from a pathological, physiological and purely scientific standpoint, and was not intended for classification as a basis of statistics, but is attempted as a classification of insanity upon pathological, physiological and, I may say, from advanced scientific grounds, and, as such, is very able and valuable.

I arose, however, merely to say that I considered the action at the Paris Conference of Mental Medicine in adopting with such unanimity the classification, as being one of the most valuable and agreeable decisions which could possibly occur in the world of mental medicine, and as being substantially that, though slightly changed in verbiage from the American plan, adopted at the Saratoga Conference, and I voted for it with great pleasure at the Paris Congress.

Mr. BELL: I desire to say that two deaths have occurred without alluding to which we ought not adjourn.

Prof. A. B. Mott, who has been a member of this body, has passed away during my absence in Europe, a man I have known ever since I have been connected with the Medico-Legal Society, and a man who came into the Medico-Legal Society when Dr. Frank H. Hamilton was President. He was, in many respects, a man of distinguished ability, and the son of that eminent man, Dr. Valentine Mott.

Mr. CLARK BELL: I desire to speak also of the Hon. S. S. Cox, one of our corresponding members, who has been a warm personal friend of mine for many years, and whose death has given me a great blow, and which must be regarded as a great blow to this body. He was one of the most charming men I have ever met, a man of wonderful resources and a delightful and genial nature. My relations with him were very intimate. While he was not identified with our active work, he

always had an active and friendly interest for our success, and upon some occasions attended our social gatherings. I feel that the death of Mr. Cox is a great loss to the country, rather than to this society. The newspapers have been filled, during the past week, with criticisms, conversations, incidents and anecdotes which have occurred in his remarkable and useful life.

I first met him during the administration of Mr. Lincoln, where I was drawn in intimate relations with himself and his wife, and came to know the inner character of Mr. Cox. He had a great sense of humor, in fact, he had great renown as a humorist in Congress and in literature. He wrote a book on humor, and he looked at everything from its amusing and humorous side. He was a great statesman, an ardent lover of his country, of a large experience in public affairs, serving more years than any member, except, perhaps, Judge Kelley; an indefatigable worker, of commanding eloquence when aroused, of great influence with his party, and, all in all, a completely rounded and well balanced character as a public man.

The Society adjourned.

ALBERT BACH,
Secretary.

OCTOBER MEETING.

PRESIDENCY OF CLARK BELL ESQ.

October 16, 1889. Society met at Buckingham Hotel, President Clark Bell in the Chair.

The minutes of the September meeting were read and approved. The following were elected on nomination of Mr. Clark Bell, and on recommendation of Executive Committee:

ACTIVE: Thomas Crisp Poole, barrister-at-law, Brisbane, Queensland, Australia.

Hon. Charles H. McMaster, Bath, N. Y.

J. Noble Hays, Esq, 120 Broadway, N. Y.

Emily Kempin, L.L. D., N. Y. City.

CORRESPONDING: Victor Parant, M. D., Toulouse, France.

Papers read: "Medico-Legal Points in Case of Michigan *vs.* Millard." By Prof. VICTOR C. VAUGHAN, of Michigan.

"The Post-Mortem Absorption of Strychnia." By GEO. B. MILLER, M. D., of Philadelphia.

"Mecroneuropathy." By CHARLES H. HUGHES. Read by Dr. James P. Tuttle, of West 45th street, N. Y.

The discussion was a paper contributed by Prof. H. A. MOTT, Jr., on Dr. Vaughan's paper.

An extended address by Prof. Witthaus, on the same, with an account of experiments in two cases on cadavers, and an announcement that arsenic was in quite universal use by undertakers in country districts, and impregnated nearly all cemeteries.

Dr. Witthaus claimed that in his experiments, arsenic was found in both cases in the brain by absorption after death, and announced that arsenic did not retard decomposition, as generally supposed and used by undertakers, and that its use as a preservative by undertakers, should be regulated if not actually prohibited by law.

The papers were further discussed by the President, Mr. Albert Bach, Dr. Tuttle, and others.

The Society adjourned.

ALBERT BACH,
Secretary.

NOVEMBER MEETING.

PRESIDENCY OF CLARK BELL, ESQ.

November 20, 1889. The following members were elected on the nomination of President Clark Bell and the approval of the Executive Committee :

ACTIVE :

Judge L. A. Emery, Supreme Court of Maine, Ellsworth; C. E. Wright, M.D., Supt. Indiana State Asylum, Indianapolis, Ind.; Amanda M. Taft, M.D., 28 Fulton Street, Newark, N. J.; G. E. Potter, M.D., 9½ Orchard Street, Newark, N. J.; Jos. W. Russell, Esq. Albany, N. Y.; S. A. K. Strahan, M.D., Berry Wood, Northampton, England.

CORRESPONDING :

Prof. Fillipi Serafini, University of Pisano, Pisa, Italy; Jos. Workman, M.D., Toronto, Canada; Mrs. Martha J. Lamb, N. Y. City; Wm. McArthur, L.L.D., Brooklyn, N. Y.; H. A. Buttolph, M.D., Short Hills, N. J.; Prof. Dr. Steenberg, Copenhagen, Denmark.

A paper on "Life Insurance" by Daniel Jordan, Esq., of New Brunswick, was read by Mr. ALBERT BACH, in the absence of the author.

A paper on "The Pathology of Death by Electricity," was read by Deputy Coroner P. E. DONLIN, M.D. It was discussed by Dr. Weston, Mr. Albert Bach, Dr. Frank H. Ingram, and others.

The Committee on Law of Insane in County Institutions, submitted their report, which was read by the Secretary of the Committee, Dr. Frank H. Ingram (a copy appears at page 378 *et seq.*, this volume). On motion of Mr. Bach, the report of the Committee was approved, and ordered published in the JOURNAL, and a copy sent to each member of the Committee and of each local committee in the several counties.

The Chair announced that the Committee on Electricity as a Death Penalty, would be hereafter announced.

A letter from Dr. H. O. Jewett, of the local committee of the Society in Cortland County, was read by the Secretary. It was referred to the Committee on County Care of the Insane, and recommended to be published in the JOURNAL (*vid* page 386 this volume).

Nominations being in order, the following persons were nominated for the respective offices :

For President,
Clark Bell, Esq.

For Corres. Secretary,
Moritz Ellinger, Esq.

For Chemist.
C. A. Doremus, M.D.
Prof. Witthaus.
Prof. V. C. Vaughan.
Prof. H. A. Mott, Jr.

For 1st Vice-President,
W. W. Godding, M. D.
Hon. David Dudley Field.
Judge W. H. Arnoux,
Judge Calvin E. Pratt,
John F. Dillon.

For Treasurer,
E. W. Chamberlain, Esq.
Lucy M. Hall, M. D.

For Trustees,
W. G. Davies, Esq.
Frank H. Ingram, M. D.

For Trustee to fill Vacancies.
Col. Ed. C. James.
Matthew D. Field.
Judge D. McAdam.

For 2d Vice-President,
Albert Bach, Esq.
Judge D. McAdam.
R. L. Parsons, M.D.
A. E. MacDonald, M.D.
Judge R. B. Westbrook of Phila.

For Librarian,
Benno Loewy, Esq.

For Perm. Commission.
Judge C. G. Garrison.
A. E. MacDonald, M. D.
Prof. F. D. Weisse.
Matthew D. Field.

For Secretary,
Emily Kempin, L.L.D.

For Asst. Librarian,
G. Bettini de Moise, M. D.

For Asst. Secretary,
Wm. L. Baner, M. D.
Lucy M. Hall, M. D.

For Curator & Pathologist,
Frederick Peterson, M.D.

Vice-Presidents for the States, Territories and Provinces.

Alabama—Judge H. H. Somerville, Montgomery.	Minnesota—Hon. C. H. Davis, St. Paul.
Arkansas—P. O. Hooper, M. D., Little Rock.	Missouri—Judge J. C. Normile, St. Louis.
Austria—Prof. R. Krafft-Ebing, Vienna.	Mississippi—Dr. C. A. Rice, Meridian.
Belgium—Dr. Vleminckx, Brussels.	Montreal—Daniel Clark, M. D., Toronto.
California—W. W. McFarlane, M. D., Agnew.	Nebraska—Prof. Frank S. Billings, Lincoln.
Colorado—H. Charles Ullman, Esq., Denver.	Nevada—S. M. Bishop, Reno.
Connecticut—Dr. Henry P. Geib, Stamford.	New Brunswick—Judge A. L. Palmer, St. Johns.
Dakota—Judge William H. Francis, Bismarck.	New Hampshire—Hon. Daniel Barnard, Franklin.
Delaware—Gov. T. S. Biggs.	New Jersey—Gov. R. S. Green, Elizabeth.
District of Columbia—Judge M. V. Montgomery,	New South Wales—Geo. A. Tucker, M. D.
Washington City.	New York—Mrs. M. Louise Thomas, New York City.
England—W. L. Orange, M. D., Brighton.	New Zealand—Prof. Frank G. Ogston, Dunedin.
Florida—Dr. King Wyly, Sandford.	North Carolina—Eugene Grissom, M. D., Raleigh.
France—Judge Barbier, Paris.	Ohio—W. J. Scott, M. D., Cleveland.
Georgia—Dr. Eugene Foster, Augusta.	Pennsylvania—Hon. Henry M. Hoyt, Philadelphia.
Illinois—Dr. E. A. Kilbourne, Elgin.	Rhode Island—Henry E. Turner, M. D., Newport.
Indiana—W. B. Fletcher, M. D., Indianapolis.	Scotland—W. W. Ireland, Preston Pans, Edinburgh.
Iowa—Dr. Jennie McCowen, Davenport.	South Carolina—Dr. Middleton Michel, Charleston.
Kansas—Brown Milton, Esq, Garden City.	Tennessee—John H. Callander, M. D., Nashville.
Kentucky—Dr. D. W. Yandell, Louisville.	Texas—Hon. Gustave Cook, Houston.
Louisiana—Dr. Joseph Jones, New Orleans.	Vermont—Dr. J. Draper, Brattleboro.
Maine—Judge L. A. Emery, Ellsworth.	Virginia—Dr. James D. Moncure, Williamsburg.
Manitoba—Prof. H. Ausbrey, Husband.	Washington Ter.—Ex. Gov. Wm. C. Squire, Seattle.
Maryland—H. B. Arnold, M. D., Baltimore.	West Virginia—
Massachusetts—Ed. J. Cowles, M. D., Somerville.	Wisconsin—S. B. Buckmaster, M. D., Mendota.
Michigan—Victor C. Vaughan, Ann Arbor.	

The resignation of Roger Foster as Trustee was received and accepted. Dr. W. G. Stevenson declined a re-nomination for 1st Vice-President; and Mr. Albert Bach as Secretary.

The Chair announced that the annual Banquet would be given at Marlborough Hotel after the annual meeting at 9.30 P. M., and that the Committee would be announced by circular to be sent to the members. The annual meeting was ordered held at 7.30 P. M. on 18th December to close in season for the Banquet.

The meeting adjourned.

ALBERT BACH, Secretary.

DECEMBER MEETING.

PRESIDENCY OF CLARK BELL, ESQ.

Medico-Legal Society. Annual Meeting, December 18, 1889. Society met at the Buckingham Hotel, President CLARK BELL in the Chair. The minutes of the November meeting were read and approved. The Chair named as tellers to take charge of the election: Judge C. G. Garrison, N. J., Dr. I. N. Quimby, of N. J., and Dr. Emily Kempin, of N. Y.

The following were, on the recommendation of the Executive Committee, duly elected:

ACTIVE MEMBERS.

Proposed by Dr. T. D. Crothers, of Hartford, Conn.: Hon. Richard Crowley, of Lockport, New York; Judge Joel Brunnen, of Rome, Ga.; Chas. P. Janney, Esq., attorney &c., Leesburgh, Va.

Proposed by Dr. Ward, of Ohio: Allen M. Cox, Esq., attorney &c., Conneaut, Ohio.

Proposed by Clark Bell, Esq.: Paul D. Cravath, of

the New York Bar ; Gustave Boehm, Esq., of Hoboken. N. J.

CORRESPONDING MEMBERS.

Proposed by Clark Bell, Esq. : Anton Ritti, M.D., Secretary Societe Med. Psychologique, of Paris ; Lucien Puteaux, Member of the Committee of Visitation of the Insane Asylums of the Seine, Paris ; Docteur Paul Topinard, Editor Revue d' Anthropologie, Paris ; Auguste Voisin, M.D., Medicin de la Salpetriere, Paris ; Albert Regnard, Inspector General of Administration, Department of the Interior, Paris ; Theophile Roussel, M.D., Senator of France and President of the Council Generale of Lozere, Paris ; Alfred Monan of Brussels ; Dr. Cuyllits, Supt. of Insane Asylum, 44, Boulevard de Waterloo, Brussels ; Albert Pérol, Advocate Court of Appeal, Member of Municipal Counsel of Paris, 53, Rue Bonaparte, Paris ; Henri Napias, M.D., Inspector General of the Administrative Service, Department of the Interior of France, 68, Rue de Rocher, Paris ; Manuel A. Muniz, M.D., Surgeon of the Peruvian Army, Melcher-Mile 143, Lima, Peru ; Doctor D. Cabred, Supt. Insane Hospital and Prof. in Faculty of Medicine at Buenos Ayres, S. A. ; Dr. Joaquin Goncalves Rames, Sanitorio de Barbercena, Minas-Geraes, Brazil ; Docteur N. Bajenoff, Supt. Insane Asylum of Riazanne, Russia ; Doctor P. A. H. Sweens, Supt Insane Asylum at Voorburg-Vucht, near Bois-le-duc, Holland.

Proposed by Prof. Steenburg of Copenhagen, Denmark :—Prof. Lange, Vice-President, Danube International Congress, Copenhagen ; Prof. Edmund Hausen, Geret, of the University, Copenhagen ; Prof. Howitz, of the University, at Copenhagen.

Proposed by Dr. Kornfeld of Silesia :—Mr. Kunowsky,

President of the Supreme Court, Breslau, Silesia, Oberstaatsanwalt, Rosenberg, Breslau, Silesia.

Proposed by Prof. Kowalewsky of Kharkoff, Russia :

Prof. Sergiewitch, Professor of Jurisprudence at the University of St. Petersburg; Prof. Tschye, Professor of Mental Medicine at the University of St. Petersburg; Prof. Woladiniröff, Professor of Jurisprudence at the University of St. Petersburg; Prof. Sorohin, Professor of Legal Medicine at the Academie of Medicine of St. Petersburg; Prof. Uending, Professor of Legal Medicine at the University of Moscow; Prof. Belin, Professor of Legal Medicine at the University of Moscow; Prof. Patenteo, Professor of Legal Medicine at the University of Kharkoff; Prof. Obolonsky, Professor of Legal Medicine at the University of Kieff; Prof. Swoydeff, Professor of Legal Medicine at the University of Kazen; Prof. Froitzky, Professor of Legal Medicine at the University of Varsovie; Prof. Sloutschevny, Professor of Jurisprudence and Senator of St. Petersburg; Prof. Koni, Professor of Jurisprudence and Senator at St. Petersburg; all of Russia.

Judge C. G. Garrison of the Supreme Court of N. J., read a paper entitled "The Province of Medical Expertism," which was discussed by Albert Bach, Esq., Prof. H. A. Mott, Jr., President Bell and others.

Clark Bell, Esq., read a paper entitled "Hypnotism," which the society was unable to discuss for want of time.

The paper by T. Crisp Poole, Esq., was by motion laid over to a future meeting.

The President announced the death of our distinguished life member, E. N. Dickinson, Esq., and paid a high tribute to his character, virtues and his professional career.

The death of Dr. Joaquin G. Lebreo, of Havana, Cuba, was also announced by the President, who paid a tribute to his professional standing in Cuba.

It was moved by Mr. Bach, and seconded by M. Louise Thomas, that the Chair name a Committee to prepare a suitable memorial note of the distinguished, departed members. The Chair named as such Committee:—Mr. Bach, Mrs. M. Louise Thomas and Dr. Kempin.

The tellers reported that the following persons had been elected on a count of the ballots:—

For President,

Clark Bell, Esq.

For Secretary,

Emily Kempin, L. L. D.

For Trustees,

W. G. Davies, Esq.
Frank H. Ingram, M.D.

For 1st Vice-President,

W. W. Godding, M.D.

For Corres. Secretary,

Moritz Ellinger, Esq.

For 2d Vice-President,

Albert Bach, Esq.

For Treasurer,

Lucy M. Hall, M.D.

For Trustee to fill Vacancies,

E. W. Chamberlain, Esq.

For Asst. Librarian,

G. Bettini de Moise, M.D.

For Librarian,

Benno Loewy, Esq.

For Curator & Pathologist,

Frederick Peterson, M.D.

Vice-Presidents for the States, Territories and Provinces:

Alabama—Judge H. H. Somerville, Montgomery.	Minnesota—Hon. C. H. Davis, St. Paul.
Arkansas—P. O. Hooper, M. D., Little Rock.	Missouri—Judge J. C. Normile, St. Louis.
Austria—Prof. R. Krafft-Ebing, Vienna.	Mississippi—Dr. C. A. Rice, Meridian.
Belgium—Dr. Vlemineckx, Brussels.	Montreal—Daniel Clark, M.D., Toronto.
California—W. W. McFarlane, M. D., Agnew.	Nebraska—Prof. Frank S. Billings, Lincoln.
Colorado—H. Charles Ullman, Esq., Denver.	Nevada—S. M. Bishop, Reno.
Connecticut—Dr. Henry P. Geib, Stamford.	New Brunswick—Judge A. L. Palmer, St. Johns.
Dakota—Judge William H. Francis, Bismark.	New Hampshire—Hon. Daniel Barnard, Franklin.
Delaware—Gov. T. S. Biggs.	New Jersey—Gov. R. S. Green, Elizabeth.
District of Columbia—Judge M. V. Montgomery,	New South Wales—Geo. A. Tucker, M.D.
Washington City.	New York—Mrs. M. Louise Thomas, New York City.
England—W. L. Orange, M.D., Brighton.	New Zealand—Prof. Frank G. Ogston, Dunedin.
Florida—Dr. King Wyly, Sandford.	North Carolina—Eugene Grissom, M.D., Raleigh.
France—Judge Barbier, Paris.	Ohio—W. J. Scott, M.D., Cleveland.
Georgia—Dr. Eugene Foster, Augusta.	Pennsylvania—Hon. Henry M. Hoyt, Philadelphia.
Illinois—Dr. E. A. Kilbourne, Elgin.	Rhode Island—Henry E. Turner, M.D., Newport.
Indiana—W. B. Fletcher, M. D., Indianapolis.	Scotland—W. W. Ireland, Preston Pans, Edinburgh.
Iowa—Dr. Jennie McCowen, Davenport.	South Carolina—Dr. Middleton Michel, Charleston.
Kansas—Brown Milton, Esq., Garden City.	Tennessee—John H. Callander, M.D., Nashville.
Kentucky—Dr. D. W. Yandell, Louisville.	Texas—Hon. Gustave Cook, Houston.
Louisiana—Dr. Joseph Jones, New Orleans.	Vermont—Dr. J. Draper, Brattleboro.
Maine—Judge L. A. Emery, Ellsworth.	Virginia—Dr. James D. Moncure, Williamsburg.
Manitoba—Prof. H. Ausbrey, Husband.	Washington Ter.—Ex. Gov. Wm. C. Squire, Seattle.
Maryland—H. B. Arnold, M. D., Baltimore.	West Virginia—
Massachusetts—Ed. J. Cowles, M.D., Somerville.	Wisconsin—S. B. Buckmaster, M. D., Mendota.
Michigan—Victor C. Vaughan, Ann Arbor.	

and that there had been a failure to elect an assistant Secretary, a Chemist and a Medical member of the permanent Commission. The Report was received and adopted.

The society then proceeded to ballot for assistant sec-

retary, when Dr. Wm. Baner was unanimously elected. Prof. Henry A. Mott, Jr., was elected chemist, and Prof. F. D. Weisse was elected member of the Permanent Commission.

The society then adjourned to attend the annual banquet at the Hotel Marlborough.

ALBERT BACH,
Secretary.

THE BANQUET.

The annual banquet was held in the large dining room of the Marlborough Hotel. President Clark Bell in the chair.

Among the distinguished members and guests who accepted invitations to be present were : Gov. Biggs, of New Jersey; Judges Gildersleeve, of the Criminal Court; ex-Chief Justice Noah Davis, Chief Justice D. McAdam, of the City Court; ex-Judge John F. Dillon, Col. R. G. Ingersoll, Mr. Dunwoody, Secy. National Board of Health; Judge C. G. Garrison, of Supreme Court of New Jersey, the presidents of medical societies and a large number of ladies. Speeches were made by Judges Gildersleeve and Garrison, Gov. Biggs, Mrs. M. Louise Thomas, Fraulein Paolo, of the German Opera, sang twice, and the evening was spent pleasantly until a late hour.

RECENT LEGAL DECISIONS.

Death by Electricity.—The General Term of the Supreme Court in the Fifth Department, have rendered a decision in the Kemmler case, sustaining the decision of Mr. Justice Day, and upholding the law of New York providing for executions by electricity. Judge Dwight writes the opinion from which we quote briefly from the concluding paragraph :

“ The light of the scientific evidence in this case is sufficient, as we think, to remove every reasonable doubt that the passage of a current of electricity of a certain well-determined intensity through the vital parts of the body, under chosen conditions of contact and resistance, must result in instant death. If the question were of the advisability of the change in the mode of inflicting death by capital punishment, the discussion might be prolonged. As we are confined to the question of constitutionality, we deem further discussion unnecessary.

“ The order dismissing the writ of habeas corpus and remanding the prisoner must be affirmed.”

British Judicial Dicta on Drink.—The *Edinburgh Journal of Jurisprudence* says: “ Almost every crime has its origin more or less in drinking.”

—*Judge Gurney.*

“ Ninety-nine cases out of every hundred are caused by drink.”

—*Judge Erskine.*

“ If it were not for drink you (jury) and I would have nothing to do.”

—*Judge Pattison.*

“ If all men could be persuaded from the use of intoxicating drinks, the office of Judge would be a sinecure.”

—*Judge Alderson.*

“ Three-fourths of the cases of crime have their origin in public houses and beer shops.”

—*Judge Wightman.*

“ Intemperance has destroyed large numbers of people, and will, at its present rate of increase, in time destroy the country itself.”—*Justice Grove.*

“ I can keep no terms with a vice that fills our goals and destroys the comfort of homes and the peace of families, and debases and brutalizes the people of these islands.”

—*Chief Justice Coleridge.*

To which we might add the recent decision of Lord Young at the Glasgow Circuit, in the case of Eliza Short, (whose drunkenness and neglect had resulted in the death of her child,) refusing to hold her criminally responsible, because there could not be inferred intention to commit the crime, and refusing to hold her condition, though caused by her own act, sufficient to make her criminally responsible for the death of the child.

Journals and Books.

CONGREGATE OR ASSEMBLY DINING ROOMS FOR INSANE.

By Dr. H. A. Buttoph, M.D. A paper read before the National Association of American Superintendents of Insane Asylums.

Dr. Buttoph is outspoken against the theory of having all the patients dining together in large institutions, which he argues ably from a large and varied experience, and he characterizes the innovation "as a most-pernicious modern craze." There are two sides to the question, and we do not doubt that Superintendents will range on each side of it.

In Morris Plains Asylum, on occasion of our visit, where food was distributed at long distances from the central kitchen through cold passages in cars, it seemed to us almost impossible to have it served hot.

So far as we know, those who have tried the large dining rooms like them. Of course they are not suitable for infirm or those too sick to move about in bad weather.

CLASSIFICATION OF MENTAL DISEASES. Dr. Buttoph has also contributed a paper on this subject, published in *Alienist and Neurologist* to same body. Dr. Joseph Jones, of New Orleans, read a paper on same subject before the Medico-Legal Society at September session, not yet in print.

The Paris Congress of Mental Medicine adopted the classification submitted by Dr. Jules Morel without modification. We give it as adopted to save errors in translation.

1° Manie (delire aigu); 2° Melancolie; 3° Folie Periodique (folie a double forme, etc); 4° Folie systematisie progressive; 5° Démance vesanique; 6° Démance organique et senile; 7° Paralysie générale; 8° Folies Neurosiques (hysterie, épilepsie, hypocondrie); 9° Folies toxiques; 10° Folie morale et impulsive; 11° Idiotie.

This, it must be remembered, however, is for statistical purposes, and is a Basis of International Classification of the Insane for international use in all countries.

THROUGH THE IVORY GATE, by W. W. Ireland.

Dr. Ireland has won literary prominence by his work, "The Blot on the Brain," but not content with his laurels, he has made an analysis of the lives of Swedenborg, Blake, Louis II., of Bavaria, Guiteau, Louis Riel, Theodore of Abyssinia, Theebaw, King of Burmah, from a purely psychological standpoint.

Much has been written, and there is much that is attractive to the sense in the claim, that genius or madness touch each other on the border lines, and all will concede that the poet who wrote "great wits to madness nearly are allied," touched a popular belief whether or not he spoke the exact truth.

There is an immeasurable gulf between such a character as that of Emanuel Swedenborg and all the other names chosen, save perhaps that poet painter

Blake, as wide and as profound as that which divided Abraham and Lazarus in our Lord's parable.

The insanity of Guiteau, of Riel, of Louis of Bavaria, is indisputable, and we do not doubt it of the others.

But Swedenborg was an acknowledged genius, and I think the abler writers who knew Blake best, would have classed his abler works, such as the "Songs of Innocence" and his illustrations of the "Book of Job," as creations entitling him to be ranked as the equal, if not the superior of his cotemporaries.

Swedenborg was a marvel of profound human knowledge, an enthusiast, and yet one of the world's profoundest thinkers. A study of only a few of his many creations has impressed us with profound admiration for a character, without a compeer in his own or the preceding century, and if he is to be considered, it should be from an immeasurably high altitude, and with almost superhuman clearness of intellectual vision.

We cannot quite agree with Dr. Ireland, as to the insanity of Swedenborg, nor would we, had he included that wonderful Master, Hugo; or that singular, erratic and marvellously incomprehensible genius, Edgar A. Poe.

Genius, unmistakeable, everywhere conceded, self-demonstrating, must needs sometimes be, and oftentimes is erratic in movement and action, when measured by the normal standard made by the physiologist, but the eccentricities of genius, must not be mistaken for the illusion, the delusions or the hallucinations of insanity. "There are more things in heaven and earth than are dreamed of in thy philosophy, Horatio," is as true in this century as of old.

The gifts of genius are immeasurable; they are not recognizable except in their fruits; sometimes they seem like accidents in human beings. In all ages these luminous, creative, grand minds, have come among men, not always one in a century as great as Swedenborg, but we must not class them as insane, because the lenses with which we explore the measureless spaces of the infinite, into and in which their minds work, are unable to resolve the nebulae or explain the mysteries.

Still, Dr. Ireland's work will be a great treat to the Students of Mental Medicine, and we are glad to see his graceful pen employed in the line which has won him such distinction.

INSANITY AND ITS TREATMENT. Dr. G. Fielding Blandford, M.D.
(Oliver & Boyd Co., Edinburgh.) (Simpins Marshalls Co., London.)

The 3d edition of this admirable treatise is on our table.

Dr. Blandford has grouped in these twenty lectures the sum of the labors and work of his life on this specialty.

Originally intended for the medical student and delivered by him at the School of St. George's Hospital, they have become when enriched by the revisions based upon the knowledge he has acquired subsequently, rather a text book for the advanced alienist and student of mental medicine. Dr. Blandford stands very high in his own profession. His studies have been profound, accurate, analytical and very searching.

Among the recent treatises of this topic, we commend this to the students of this science well as the legal as in the medical profession.

ANIMAL ALKALOIDS. By A. M. Brown, M.D.
(Hirschfeld Bros, London. 2d edition, 1889.)

The ptomaines and leucomaines have become more closely allied to forensic

medicine in the very recent past than before in the scientific development of the origin of contagion, as well as its results and phenomena.

Dr. Armand Gautier contributes the introductory chapter. We regard this work as the ablest and freshest publication upon these interesting questions, and commend it to our readers, who take an interest in these topics.

THE GREEN BAG. Vol. I. (1889.) Boston Book Co.

We have received this volume, beautifully bound, from the editor, Mr. Horace W. Fuller, whom we must congratulate on the result of his first year's labor.

We do not believe a law journal was ever started, that made in a single year so pronounced a success as has the *Green Bag*.

It is handsomely illustrated and will, in fact, be a welcome guest on every lawyer's table.

MAGAZINES.

NORTH AMERICAN REVIEW.—The December number is particularly interesting. Sir Wm. Gladstone, Senator Dolph and Judge Bradley discuss the question of "Divorce." George Westinghouse, Jr., replies to Mr. Edison in a very able paper on "Dangers of Electric Lighting;" and James G. Blaine, and Sir Wm Gladstone are announced to discuss "Free Trade and Protection," in the January number.

THE SANITARIAN.—Dr. A. N. Bell is throwing much of his personality and the ripe fruit of his life long studies in sanitary science, into the pages of this journal. It is the best journal of its class on this side the Atlantic.

CURRENT COMMENT AND LEGAL MISCELLANY.—The D. B. Canfield Co., of Philadelphia, have started this journal, and make it an interesting comment upon current legal decisions, and its department of legal miscellaneous topics is admirably edited and conducted.

THE CHAUTAUQUAN.—This journal has changed its form and is nearer the standard size of magazines. The December number is very attractive and the table of contents and list of contributors are both excellent.

THE PHRENOLOGICAL JOURNAL.—Dr. Drayton inaugurates in last April number the idea of "An American Penal Colony." His able and elaborate paper on this subject was read at the June Session of the International Congress of Medical Jurisprudence, and will appear in the bulletin of that body. The July number contains an interesting article on "Hypnotism" The October number reviews the Paris Congress of Criminal Anthropology, and John W. Shull contributes an article on "Population, Its Future Restriction." We like the change of color of the cover of this journal.

THE ECLECTIC.—Preserves its high standard in the character of its selections. It contains the very cream of serial literature of our day. The November number contains an admirably written paper by James Remciman, from the *Contemporary Review*, on "The Ethics of the Drink Question."

ARCHIVES DE NEUROLOGIE.—The last number of this valuable journal contains brief reviews of the Paris Congress of "Mental Medicine," "Criminal Anthropology," "Medico Legal," "Alcoholism," "Psychological Psychology," "Hypnotism Experimental," "Medico Psychologique"—a review of the journal of *Mental Science* for 1886, and original articles by Prof. Kowalewsky, of Kharkoff; Dr. Christian, of the asylum at Charenton, Paris; Dr. A. Pellet, of Paris, and Prof. Catsaras, of the Athens Faculty of Medecine.

THE GREEN BAG.—The October and November number of this very readable journal, contains portraits of the faculty of the Law School at Buffalo and of Cornell University.

SUN AND SHADE.—The Photogravure Co.—The illustrations of this magazine

are of a very superior character; indeed we recall no journal its superior in this branch of reproduction.

SCRIBNER is taking up the subject of electricity in a thorough way. The October number treated it in naval warfare, by Lieut. W. S. Hughes, of the Navy, and in land warfare, by Lieut. John Millis, of U. S. Army. The November number treats in relation to the human body, by M. Allen Starr, M.D. These articles have been very able and very interesting.

ARCHIVES DE L'ANTHROPOLOGIE CRIMINELLE. The November number of this journal contains the best resume of the work of the Paris Congresses on Medico-Legal, Alcoholism, Mental Medicine, Hypnotism, Psychology, that we have anywhere seen. It is from the pen of Dr. Emile Laurent. This journal, now in its fourth year, has attained high rank in its domain.

THE SANITARY RECORD.—This is all in all one of the best journals in sanitary science in the world. We learn from the November number that the sub-committee of the London County Council on the evidence of sixteen eminent medical men, and from superintendents of English and Welsh Asylums have recommended a hospital for the insane, for the study and care of insane as a supplement to the present system of asylums, with a visiting medical staff under the control of the County Council. If carried out, this must prove a great advance step in the treatment of the insane in the English metropolis.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.—We regard this as the most valuable and ablest edited of the weekly medical journals on this side the Atlantic.

THE CRIMINAL LAW MAGAZINE.—Stewart Rapje, editor.—This journal is making sure and steady upward progress in its domain.

The leading articles are admirably chosen. The cases reported are those of the recent and freshest intent to the profession, while the digest of recent criminal cases is very useful indeed to the lawyer who gives any attention to criminal law.

THE AMERICAN JOURNAL OF INSANITY.—The October number contains an admirable portrait of Dr. Henry M. Hurd, so long the able superintendent of the Michigan Eastern Asylum, at Pontiac, Mich., and who has recently been chosen director of the John Hopkins Hospital at Baltimore, Md.

The proceedings of the Association of Medical Superintendents of American Institutions for the Insane of last June at Newport, are given in full.

It is well and ably edited, and is a valuable record of asylums, statistics and works.

FRANK LESLIE'S MONTHLY.—The Christmas number is very attractive, and with an illuminated cover, and the January number starts the new year with fine selections.

THE ARENA is a new monthly launched at Boston, with an attractive list of names as contributors. Dion Boucicault's portrait graces the January number, and his article, "Spots on the Sun," shows how little Shakespeare knew of law, by an analysis of the Venetian law in "Merchant of Venice." Hugh O. Pentecost assails capital punishment for crime, and criticizes the New York law of electrical executions.

LIPPINCOTT'S.—Julian Hawthorne's story is the feature of the January number, 1890. Richard Henry Stoddard gives "Charming Reminiscences of N. P. Willis," and Amelie Rives a short poem on "Blue Water Lillies."

THE ECLECTIC closes its fiftieth volume with December number, a quarter of a century of literary life. A glance at the index shows "Capital Punishment," "The Drink Question," "Mesmeric Phenomena," "Modern Occultism," "Scientific Advances," out of a splendid list of selections culled from the cream of the monthlies.

THE ADVOCATE is winning its way into favor at the bar. Much of its space has been given to reporting the proceedings and banquet of the American Bar Association at Chicago last summer. It is ably edited and deserves success. The tribute paid by Judge Somerville, of Alabama, to Chief Justice Stone, at the meeting of the Alabama State Bar Association, is given at length, and was a most graceful and beautiful review of the long life and labors of the Chief Justice upon that bench.

THE LONDON MEDICAL RECORDER.—The October number contains a report by Dr. Collins of a case of "Poisoning from Opium Smoking." Dr. Robert Park, one on "Poisoning by Salt of Sorrel." Dr. Stringthorpe, two cases of poisoning; one by chlorodyne, and one by atropine. Dr. Hawes, a case of "Viper Bite Successfully Treated by Alcohol," and Dr. W. A. Belt, of Kenton, O., a case of "Poisoning by Tansy."

SHAKESPERIANA.—The November number contains a portrait of Appleton Morgan, Esq., President of the Shakespeare Society, and an interesting paper by L. M. Griffiths, Esq., on "Hamlet's Mental Condition."

HON. WILLIAM SPENCER LADD,
Ex-Justice Supreme Court of New Hampshire.

Judge Ladd was born in Dalton, N. H., September 5th, 1830. He graduated at Dartmouth College in 1855; taught school about a year in Massachusetts, when he entered the office of Hon. Alfred A. Abbott, at Salem, where he remained until the Autumn of 1858. He then returned to Lancaster, N. H., and studied law with Burns & Fletcher, prominent attorneys there, and was subsequently admitted to the N. H. Bar, at that place, in 1859, and entered upon the practice of his profession. In 1870 he was appointed a justice of the Supreme Court, and upon the re-organization of the judicial system of the State in 1874, was appointed an associate justice of the Superior Court of Judicature (the Law Court), which position he held until 1876.

Since his retirement from the Bench, Judge Ladd has been in the active practice of the law as a partner of Judge Everett Fletcher, at Lancaster, N. H.

Judge Ladd has been to some extent in political life, aside from his professional and judicial duties. He has served in the House of Representatives of New Hampshire, was a member of the recent Constitutional Convention, and was a member of the Democratic National Convention of last year.

Dartmouth College conferred the degree of L.L.D. upon him in 1887.

Judge Ladd is in the zenith of his intellectual powers, and stands very high at the New Hampshire Bar.

He takes an interest in medical jurisprudence, and was elected an active member of the Medico-Legal Society during the last year. He is also a member of the International Medico-Legal Congress, and is an active coadjutor in the advancement of that movement from the Granite State.

PROF. SIMEON TUCKER CLARK, A.M., M.D.

Prof. Clark is the son of the late Rev. Nathan Lears Clark, and was born in Canton, Mass., October 10, 1836. He was educated at Sippican Seminary and Oxford Normal Institute. He has the degree of Master of Arts from Genesee College, Doctor of Medicine from Berkshire, Mass., Medical College, and the same from the Niagara University. He is a member of the Medico-Legal Society, of the American Association for the Advancement of Science, a member of the American Medical Association, an original member of the New York State Medical Association, and a Fellow of many other learned Societies.

Dr. Clark is justly distinguished in many ways ; as a general practitioner of medicine and surgery ; as a lecturer on Medical Jurisprudence in the medical department of the Niagara University at Buffalo, to which position he was called in 1885, and which he still holds ; as a poet of recognized merit, whose works have a wide circulation ; as a man well versed in general science, music, literature and art ; and as an expert witness on the trial of peculiar civil and criminal cases. Even those who know him best might find it hard to fix the most distinguishing and result-bearing quality of so many-sided a man ; but we think that his just fame is destined to endure the longest for the work he has done in advancing pathology in its relation to crime. He believes that there is nothing more helpful to the administration of law than progressive medical science,

particularly in relation to diseases affecting the brain. His researches and opinions on these subjects, wrought out in his study and amplified on the witness-stand, have gained him a celebrity which will probably eclipse all else of his good work.

He began testifying in civil and criminal cases as soon as graduated. Manifesting a peculiar and unusual aptitude as an expert witness, he has had an exceptionally large experience in all forms of medical jurisprudence. He has done excellent service in twelve murder trials, embracing cases of emotional, alcoholic, climatic, hereditary, and epileptic insanity, and poisoning by arsenic and strychnine, as well as death by violence. Our limits do not permit us to name all these cases, which will be recalled by many readers in connection with the name of Dr. Clark. They cover a quarter of a century, and their lessons are chronicled in medical and legal reports. One of these cases we must select for particular mention, because in it Dr. Clark won such laurels both at home and abroad as are rarely gained in a like field. In the trial of Pierce for the killing of Bullock, at Lockport, in 1871, under peculiar circumstances of domestic aggravation, it may be said that Dr. Clark originated the term, *mania transitoria*. If he did not originate it, he certainly gave it a positive place and the first well-defined description. His article on the subject following the trial gained a reading everywhere among legal and medical authorities, and commendation without stint. It was published in the *American Journal of Insanity* in 1872, and has won the published commendation, among others, of such European authors as John Charles Bucknill and Daniel Hack Tuke.

Dr. Clark resides in Lockport, N. Y., where he is

actively engaged in the practice of his profession. His fame as a lecturer on medico-legal subjects has passed the bounds of his University. He is in the ripest perfection of his mental powers and scientific knowledge. We feel justified in predicting a broad future for him.

J. F. F.



Simon Tucker Clark.

PRELIMINARY ROLL

—OF—

Members and Delegates to the International Congress.

- Abbott, Austin, Esq., New York.
Abercrombie, Dr. John, London.
Ababarnel, Jacob, Esq., N. Y.
Allen, Sir John C., Fredericton, N. B.
Archibald, Dr. O. W., Dakota.
Arnoux, Judge Wm. H., N. Y.
Bach, Albert, Esq., New York.
Backus, Dr. O., Rochester, N. Y.
Bacon, A. O., Esq., Savannah, Ga.
Baker, Dr. Henry B., Michigan.
Ball, Prof. Dr. Benj., France.
Baner, Dr. Wm. L., New York.
Barbier, Judge, France.
Barner, W. A., Esq.
Barrister, Dr. H. M., Chicago.
Bartlett, Cyrus K., M. D., Minn.
Bartlett, Jas. W., Dover, N. H.
Barton, Clara, Washington, D. C.
Bauduy, Prof. J. K., St. Louis, Mo.
Bell, Clark, Esq., New York.
Bell, W. H. S., Esq., South Africa.
Benedickt, Prof. Dr., Vienna, Austria.
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Bentzen, Dr. G. E., Norway.
Berghheim, Dr. L., New York.
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Biggs, Gov. Delaware.
Billings, Prof. F. S., Neb.
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Bradley, Dr. E. N., New York.
Brouardel, Prof., Paris, France.
Brown, Dr. D. R., Chicago.
Brown, Harold P., Esq., New York.
Brown, Judge Addison, N. Y.
Brown, Julius, Esq., Savannah, Ga.
Bryce, P., M. D., Ala.
Buck, J. D., M. D., Cincinnati, Ohio.
Buckham, Thos. R., M. D., Mich.
Buckmaster, S. B., M. D., Wisconsin.
Burge, J. Hobart, M. D., Brooklyn.
Burnett, Mary W., M. D., Chicago, Ill.
Burrell, D. R., M. D., N. Y.
Butler, John S., M. D., Conn.
Buttolph, Dr. H. A., N. J.
Buyher, Dr. J. C., Pittsburgh, Pa.
Callender, Dr. J. H., Nashville, Tenn.
Carleton, Henry Guy, Esq., New York.
Carpenter, E. N., M. D., New York.
Carroll Alfred L., M. D., 30 W. 59 St., N. Y.
Chamberlain, E. W., Esq., 120 Broadway.
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Charpentier, Prof. Dr., Paris, France.
Chase, Dr. Walter B., Brooklyn, N. Y.
Clark, Dr. Daniel, Toronto, Canada.
Clark, Prof. S. Tucker, N. Y.
Cleveland, Thos., M. D., New York.
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Clymer, Mrs. E. M., 148 E. 18th St., N. Y.
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Coleman, Dr. Henry, Auburn, N. Y.
Coughtry, Millen, Esq., N. Z.
Coutaigne, Dr. Henry, Lyons, France.
Contreras, Senor Don Manuel, Mexico.
Cook, Dr. E. G., N. Y.
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Cowles, Ed. J., M. D., Massachusetts.
Crothers, T. D., M. D., Hartford, Conn.
Crosti, Dr. Domini, Lacatecas, Mexico.
Currier, Dr. D. M., Newport, R. I.
Curtis, Judge Geo. M., New York.
Davies, Wm. G., Esq., New York.
Davis, Judge Noah, New York.
De Kraft, Dr. Wm., New York.
Di Moise, Dr. G. Bettini, New York.
Dent, Emmett C., M. D., New York.
Depew, Hon. C. M., New York.
Desguin, Dr. Victor, Belgium.
Desrosiers, H. E., M. D., Montreal, Can.
Dexter, Dr. B. F., New York.
Dillon, Judge John F., New York.
Dittenhoefer, Judge A. J., New York.
Doering, Ed. J., M. D., Chicago, Ill.
Donlin, Dr. P. E., N. Y.
Doremus, C. A., M. D., New York.
Doremus, Prof. R. O., New York.
Dorsett, Dr. J. S., Austin, Texas.
Dragendorf, Dr. Geo., Dorpat, Russia.
Drake, A. N., M. D., Kansas.
Draper, Jos., M. D., Vermont.
Drayton, Henry S., M. D., New York.
Drewry, W. F., M. D., Virginia.
Du Bignon, F. G., Esq., Savannah, Ga.
Ducey, Father Thos. J., N. Y.
Dunavant, H. C., M. D., Arkansas.
Durrell, T. M., Somerville, Mass.
Earle, Dr. Pliny, Mass.
Eastman, T. C., Esq., New York.
Ellinger, M., Esq., New York.
Elwell, Prof. John J., Ohio.
Emery, Judge L. A., Maine.
Erlenmeyer, Dr. Allnott, Germany.
Ewell, Dr., M. D., Ill.
Falret, Dr., Paris, France.
Fanton, Hull, Esq., N. Y.
Fellows, Hon. J. R., New York.
Fernandez, A. M., M. D., New York.
Ferri, Dr. Enrico, Italy.
Field, Dr. M. D., New York.
Field, Hon. David Dudley, N. Y.
Finn, Dr. C. G. J., Hempstead, L. I.
Fisher, Wm. A., Esq., Baltimore.
Fitch, Simon, M. D., Halifax, Nova Scotia.
Fleming, Dr. W. M., N. Y.
Fletcher, Dr. W. B., Ind.
Formad, Prof. H. F., Phila., Pa.
Foster, Roger, Esq., New York.
Francis, Judge W. S., Dakota.
Frost, T. Gold, Esq., Minn.

- Furstner, Prof. Dr., Germany.
 Garofolo, Prof. Dr., Naples, Italy.
 Garrison, Judge C. G., N. J.
 Gerry, E. T., New York.
 Gibbs, Dr. J. W., New York
 Godding, Dr. W. W., Weshington, D. C.
 Golder, Dr. R., M. D., N. Y.
 Gordon, James, M. D., Nevada, Mo.
 Grannis, Mrs. E. B., N. Y.
 Green, Gov. R. S., New Jersey.
 Grimm, J. Hugo, Esq., St. Louis, Mo.
 Grissom, Dr. Eugene, N. C.
 Guernsey, R. S., Esq., New York.
 Gundy, Judge A. A.
 Gundry, Dr. Richard M. D.
 Guth, M. S., M. D., Pa.
 Hall, Dr. Lucy M., New York.
 Hall, Prof. W. A., Minnesota.
 Hammond, Judge W. R., Alabama.
 Harris, Hon. J. M., Md.
 Hart, Ernest, Esq., London.
 Harvey, Prof. C. A., N. Y.
 Haviland, Dr. W. H., Minn.
 Heger, Dr. P., Brussels, Belgium.
 Hepburn, S., Jr., Esq., Pa.
 Higgins, Dr. F. W., N. Y.
 Hill, G. H., M. D., Iowa.
 Hillyer, Judge Geo., Atlanta, Ga.
 Hitchcock, Harlynd.
 Hogg, Dr. Jabez, London.
 Holcome, Dr. Wm. H., New Orleans, La.
 Holcombe, Dr. W. F., New York.
 Horsch, C. H., M. D., Dover, N. H.
 Hourteloup, Judge, France.
 Houston, Judge Locke E., Miss.
 Hoyt, Hon. Henry M., Pa.
 Hughes, Chas. S., M. D., St. Louis, Mo.
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to the
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from the
Saturday Night Club of New Haven
April 5, 1890

ECCENTRICITIES OF INSANITY.

BY NOAH DAVIS.

In the year 1856 a notable murder was committed in the County of Niagara. It was made notable by the fact that it was committed on the Suspension Bridge, which spans the Niagara River between the State of New York and Canada, and at or near the central line, which is the boundary of the two countries. One Edward Glennon was driving in his wagon across the bridge from Canada, when he was met at a point just over the boundary line, by one James Flynn, who there shot him with a pistol, inflicting a mortal wound. Glennon was taken back to his home on the Canadian side, where he died from the effects of the wound. Flynn returned to the American side and was there arrested, and after the death of Glennon, indicted for murder.

These persons had been partners in business on the Canadian side, and had separated, and quarrelled over the settlement of their affairs. Flynn came to the American side and bought and loaded a pistol and started to return to Canada, when the meeting with Glennon on the bridge unexpectedly occurred; and in the controversy which followed Glennon was fatally shot.

Flynn was tried at the Niagara Oyer and Terminer in November, 1856, and convicted of murder. The jury found that Glennon had crossed the boundary line, and was in the County of Niagara when the wound was inflicted; that he was taken back to Canada where he died of the wound; and that the shooting was done with felonious intent to kill. These facts raised an interest-

ing question of jurisdiction, and for the purpose of having it considered at General Term the Court suspended sentence, and, under the practice then existing, allowed a writ of certiorari.

The case was heard at the General Term where the conviction was affirmed, and the Court below was directed to proceed and pronounce sentence upon the prisoner.

My connection with the case began at this stage. The Oyer and Terminer of Niagara County was held by me in the fall of 1857 or winter of 1858. Soon after the opening of the Court the Sheriff came to me saying that Flynn, who was in jail awaiting his sentence for murder, was either insane or was feigning insanity, and had been in that condition for some two or three weeks. He gave me a statement of his conduct quite in detail, and of the efforts that had been made to determine whether his apparent insanity was feigned or real; that he and the jail physician and others, whom he had called in, were unable to form any satisfactory opinion; and that the prisoner could not be brought into Court to be sentenced unless bound and gagged, without a painful scene, and he asked the direction of the Court as to what should be done.

I told him not to attempt to bring the prisoner into Court at that time, and that I would take steps to have an examination by competent physicians before anything further was done. I immediately wrote personal notes to two of the most prominent physicians of Lockport, asking each of them to visit the jail and examine Flynn in every mode thought best to ascertain whether his insanity was feigned or real; and I instructed the Sheriff to furnish all the facilities in his power to each of the doctors separately, and without letting either

know that the other was making an examination. Both of the doctors accepted my invitation and each separately made a careful examination, for which the Sheriff furnished every facility. They took, as they informed me, every step in their power to make the investigation complete, both in the prisoner's presence, and when he was not aware that he was observed.

After a few days each of them made a report to me in writing ; one of them expressing a decided opinion that the prisoner was insane ; the other not willing to give a decided opinion, but stating a strong conviction that the prisoner was feigning insanity and was not in fact insane. The latter was a physician of great experience, whom I had long known and in whom I had much confidence. These reports put me in such a dilemma that I sent for him and requested him to make a further examination to see whether he could reach a more definite result—one more satisfactory to himself. He kindly consented to do so, and was again afforded by the Sheriff every opportunity he desired.

In about a week longer he made his report personally to me ; the substance of which was that he still remained in doubt ; that there were many things in the conduct of the prisoner that strongly tended to show that he was feigning insanity, while there were some other things that seemed impossible to be feigned—that the upshot of his careful examination was a still stronger doubt as to the prisoner's real condition.

The result was of course, that I could not feel justified in proceeding to pronounce sentence. I therefore made an order under the provisions of the Statute then existing, directing the County Judge of Niagara County to summon a jury to try the question of the prisoner's

insanity, and report the verdict to the Court ; and if the prisoner was found insane to take steps for his disposition as provided by the Statute ; and I adjourned the Oyer and Terminer for a few weeks to await the result.

The County Judge proceeded to summon a jury and try the question. The result of the trial was a verdict that the prisoner was insane ; and upon that verdict he was ordered to be taken to the Insane Asylum at Utica, to be kept while his insanity should continue, and then returned to the jail of Niagara for sentence. I was advised of the verdict, and the adjourned Oyer and Terminer was not held. Flynn was taken to the Asylum at Utica, then under the charge of the late Dr. Gray, well known as an eminent alienist.

It happened to me to hold the Oyer and Terminer of Niagara County in November, 1858. As soon as the Court was organized the Sheriff came to me saying that the prisoner Flynn had just been returned from the Utica Asylum with a certificate of Dr. Gray, that he was not insane, and was in condition to receive his sentence. He handed me also a personal note from Dr. Gray, in which he said that Flynn was not only not insane at that time, but had not been insane, and his previous condition was wholly feigned. The Sheriff also stated that Flynn's health appeared to be good ; that there were no manifestations of anything different from entire sanity at that time, but he feared that he might if his sentence was delayed again give trouble by feigning insanity.

I directed the prisoner to be immediately brought into Court. He was at once brought in and arraigned for sentence. In answer to the inquiry why sentence of death should not be pronounced, he proceeded to give a detailed narrative of the transactions between him and

Glennon ; of their partnership in business ; of their quarrel and the dissolution of the firm, and of Glennon's conduct, as he claimed, in defrauding him of his share of the firm property ; that on the morning of the day of the shooting he came over the river and bought the pistol and got the person who sold it to load it for him, not with the intention of killing Glennon, but to frighten him into doing him justice ; that he was returning over the bridge with no expectation of meeting Glennon, but as he reached the middle of the bridge Glennon, "as ill luck would have it," suddenly appeared driving in a wagon across the bridge ; that as soon as he saw it was Glennon he sprang and seized the horse by the head, and pointing the pistol between the horse's ears at Glennon he demanded a settlement. At that (he said) Glennon sprang out of his wagon and rushed at him and knocked him down with the butt end of his whip and jumping on him, seized him by the throat, and in the struggle the pistol went off and shot Glennon without any intention to shoot on his part, and, said he, "*there was no one there, Your Honor, but myself and Glennon and that horse ; and would to God, Your Honor, that that horse was here to-day to testify to the facts.*"

When he had concluded his statement, (which might be thought somewhat incoherent in its conclusion if he were not an Irishman) the sentence was pronounced, and the prisoner remanded.

I immediately allowed a writ of error with a stay of proceedings to enable the case to be taken to the Court of Appeals upon the question of law. The proper steps were at once taken to present the case to the Court of last resort, the prisoner, of course, remaining in jail. The next Oyer and Terminer in Niagara County, which

was early in the following winter, I think, was also held by me, and I had no sooner taken my seat on the bench than the Sheriff again came to me for an order in Flynn's case. This time the order was one permitting the Sheriff to deliver the dead body of the prisoner to his relatives for burial. He had died the night before, a mere skeleton from starvation, and had been for some weeks a raving maniac, whose insanity no one could doubt; refusing food, clothing, and in every other way showing himself to be utterly demented. The order was made and the remains were taken away by friends for burial.

I have given this narrative of Flynn's case, not that I think it sheds any special light on the subject of insanity, but because it tends to show the uncertainty of opinions touching that disease, even when given by learned and honest doctors; and also, perhaps, that among the Eccentricities of Insanity may be the fact, that that terrible disease will sometimes avenge itself upon persons who for any reason successfully feign its existence. Whether Flynn's case may or not be one of that kind I leave to Alienists. After his conviction was affirmed by the General Term, and his sentence was ordered to be pronounced, and as the time for sentence drew near, knowing that it could not be pronounced upon a lunatic he, perhaps, set himself to work to feign insanity, and succeeded in his purpose for many months. He probably was advised that until his sentence was pronounced the grave question in his case could not be adjudicated by the Court of last resort, and therefore, he abandoned his pretended insanity to receive the sentence. Over this sentence he brooded in his cell till the horror of death by hanging filled his mind with recollections of what he had said and done, and his success

while feigning insanity, till those remembrances coiling like serpents around his brain became realities that led him to the fearful mania of which he died. Whether this may be so or not I leave to scientists. But the moral of my story is this : It is never safe successfully to feign insanity since the act of such feigning may open a door through which the appalling fate of real insanity may triumphantly enter.

*THE PATHOLOGY OF DEATH BY ELECTRICITY.**

BY PHILIP E. DONLIN, M.D., Coroner's Physician, New York City.

Mr. President and Gentlemen of the Medico-Legal Society:

Prior to his departure to Europe, our honored Chairman, knowing the importance to medical jurisprudence of a thorough knowledge of the pathology of what is already becoming so frequent—death by electricity, or electrical death—wrote me, asking for particulars in an autopsy that I was alleged to have made in the case of Edward Quinn. I wrote him, stating that, owing to the positive objections of the family, I was unable to obtain an autopsy, but (knowing how important was the subject to this society) I immediately promised him to gather all the information I could, from whatever sources were available, for the use of the Society at one of its monthly meetings. Again a similar case of death by electricity occurred, and was in my official charge as Coroner's Physician, and again the positive objections of the family prevented the making of an autopsy. The Coroners and Coroners' Physicians, learning of my desire, came to my relief, placed every facility in my way possible, provided me with accurate accounts of autopsies already made and afforded me opportunities to witness others.

Fortunately, also, the investigations of the Electrical Commission have enabled me, to a certain extent, to learn of those who had recently made post mortems

* Read before the Medico-Legal Society, November 20, 1889.

upon cases of electrical death, and to write them and obtain from them the results of their labors.

The first case is placed at my disposal by Doctor J. A. Hoffmeyer, of Buffalo, who, in the year 1881, made an autopsy on Lemuel W. Smith, who was killed by electricity. Dr. Hoffmeyer depends entirely upon recollection for his history of the case.

Smith was killed on the 7th of August, in the evening, and on the afternoon of the 8th the autopsy was made. The Doctor says that the thoracic cavity was opened. The lungs were in a state of hypo-static congestion; there were pleuretic adhesions on the right side; heart was normal; there was serum in the right ventricle; the stomach emitted an alcoholic odor—the subject had been intoxicated when killed; the kidneys and spleen were normal; brain normal; and the blood was found to be in a remarkably fluid condition. Externally, a line of blackened tissue extended from one shoulder to the other.

The next case was kindly presented to me by Doctor DeLancey Rochester, of Buffalo, New York, as having occurred on February 6th, 1888.

Isaac Molton, or Morton, negro, aged 31, six feet in height. External appearances—Body well formed and well nourished; on back of right hand just below the thumb the epidermis was shrivelled and gone. Left hand—little and ring finger epidermis destroyed on palmer and partially on dorsal surface of first phalanx, also on side of middle finger toward ring finger. No other marks on body.

The Head—Brain and its membranes—vessels distended with fluid blood, otherwise normal.

Chest and Abdomen—No abnormal contents in abdomen. Pleural cavities normal. Pericardium normal. Small ecchymosis under visceral layer of pericardium.

Heart cavities distended with very dark fluid blood. Heart otherwise normal. Aorta, beginning atheroma. Lungs markedly congested with entirely unoxygenated fluid blood.

Abdomen—Spleen normal size, hard from congestion. Kidneys, both hard and congested. Liver normal. Stomach, slight sub-mucous congestion. Bladder normal.

Cause of Death—Altered condition of blood, due to electricity.

The next case is that reported by Dr. William O'Meagher, ex-Coroner's Physician, who, on July the 17th, 1888, made an autopsy on the body of William Meier, aged 48, a German, at 59 Broadway. The body was that of a middle aged man in good physical condition.

Rigidity marked twenty-four hours after death, so as to induce tonic muscular spasm. A few livid spots were noticeable at outer edge of right eye and cheek. The right ear looked as if seared by a red-hot iron and abraided by contact with a rough surface. The rest of the body and extremities were free from special marks of recent injury. The right thumb and index finger had been amputated for old injuries. The left lung showed evidences of extensive old pleuretic adhesions. Both lungs were unusually congested. The heart normal and empty, with traces of old pericarditis. The kidneys, spleen, liver, etc., more or less congested, otherwise normal. The blood in all the organs and vessels was fluid and blackish, indicating complete chemical and physiological decomposition. A portion was saved for chemical analysis—result not obtained. The brain was slightly congested, otherwise normal. Death due to electricity.

Dr. O'Meagher, with whom I have conversed upon the subject of electrical death, reports another, the case of

Frederick S. White, aged 23, native of Germany, as occurring on April 28, 1888, shock sustained at 202 Broadway.

The autopsy revealed a slight burn on right thumb, index and middle fingers. Considerable discoloration by blood congestion of the neck. Pupils contracted equally. Rigidity of body slight after eighteen hours dead. Appearance otherwise normal. The lungs were found congested, the heart empty; stomach, liver and kidneys congested; brain normal but congested; the blood fluid, dark and slightly grumous, indicating a complete chemical and physiological disorganization of its vital properties. Death was undoubtedly due to shock caused by a powerful current of electricity producing complete paralysis of the nerve centres by tetanic spasm.

Dr. O'Meagher also reports a third case as that of Meyer Strieffer at 49 Forsyth Street, on April the 15th, 1888, in which Dr. O'Meagher was assisted by Coroner's Physician, Dr. Jenkins and Dr. Biggs.

Strieffer was 18 years of age, single. Said to have died April 15th at 12.15 A. M. Fingers were flexed, rigor mortis well marked. No marks on body, which was that of a well nourished youth. Brain and meninges were normal. Heart contained fluid blood on both sides. There were punctate hemorrhages on the endo-cardium and pericardium. Lungs normal and congested; also had numerous punctate hemorrhages on the visceral pleura of both lungs. Mucous membranes of air passages congested but normal. Stomach and intestines normal but congested. Larynx free, and fluid blood everywhere. From the normal condition of the organs everywhere, and the history of the case, he found death due to shock from electric current.

Another and a very complete case is reported through

the kindness of Dr. H. G. Matzinger, of Buffalo State Asylum for the Insane, who never made an autopsy on a case killed by electricity, but did examine microscopical tissues, organs and blood of a case something over a year and a half ago, who says :

“Unfortunately, I have not a copy of the report on the case sent to our Coroner’s Physician, but I will endeavor to give you an idea of the finding. Liver, kidneys and spleen were normal, but the blood vessels were very much distended with blood. In the lung there were numerous minute hemorrhages into air vesicles, so that perhaps one-third of the air vesicles were filled with blood, and the lung sank in water. There was nothing abnormal about the structure of any organ. A voluntary muscle showed no change whatsoever, either in blood or nerve supply. The Viscera : Pericardium was dotted all over with small ecchymoses, also the valves on both sides of the heart. They were, however, very superficial. The blood examined did not coagulate, was very dark, and showed the red corpuscles in normal condition, undergoing the characteristic changes when water was applied. Some were in a crenated condition. The white corpuscles were ragged, massed together and apparently disintegrating. The proportion of red and white corpuscles was normal; so, too, the blood placques. The latter were floating about free and not massed together. There was no fibrine. There seemed to be no cellular change in any of the tissues examined, and there was nothing characteristic or peculiar about the finding.”

Dr. Cyrus Edson, of this city, made no notes of the autopsies on dogs killed by him by means of the electric current. He says, however, that the results of all the experiments were negative, so far as post mortem appearances went.

Autopsy on the body of Thomas Murray, by Dr. William T. Jenkins, Coroner's Physician: Ulnar side of right hand severely burned. Burn extended from the middle of ulnar side of palm to the end of little finger, and involved all the tissues to and including the last metacarpal bone. The ring finger was also burned, and the bone of the last finger was exposed. The burn extended to the middle of the hand on the dorsal surface. The clothing on both knees burned and skin over patella scorched over an area of two and a half inches in diameter. The centre of this was black and periphery yellow. Also burn on right side of chin one and a half to two inches long, extending from a point one inch below angle of mouth downwards and backward. There were several small burns on the chin. Minute hemorrhages were found underneath and on the surface of the pleura, especially on the right side. There were also a few under peritoneum and beneath capsules of kidney. The blood was fluid. The organs generally were congested.

The three following cases, also examined by Dr. Jenkins, have the usual characteristics. In the first, that of Whalen, the current entered the hands and made its exit at the knees as he knelt on an iron ledge.

Witte, in Spring Street. The direction of the current was on the hand and through the extremities while standing on an iron door.

The third was that of an Italian, Joseph Mazza. The direction was from the hand, exit through the toe of one foot as he stood on an iron awning. He fell backward, striking on neck, which changed the course of the current. As the report is very minute I will read it.

Autopsy on the body of Joseph Mazza, native of Italy, aged 33 years, held at 1 P. M., September 14th, 1889, at No. 222 Chrystie Street, New York City, 20 hours, 40

minutes after death, by Drs. Weston, O'Hare and Jenkins.

Height, 5 feet, 9 inches; color, white; body, well nourished; rigor mortis, well marked; no seminal discharge from penis.

External appearances—superficial and deep abrasions of face, right and left upper and right lower extremities.

I. Disconnected superficial abrasion of bridge of nose, $1\frac{1}{2}$ inches in length, $\frac{1}{4}$ inch in width, extending from right to left, diagonally downwards, not apparently due to burn.

II. Superficial abrasion immediately under left eye $1\frac{1}{2}$ inches in length, $\frac{1}{4}$ inch in width, extending horizontally, not apparently due to burn.

III. Superficial and deep abrasion of right lower jaw, over ramus, commencing an inch to the right of the median line and extending to the angle on the same side, and covering an irregular oval $2\frac{1}{2}$ inches in length by $1\frac{1}{2}$ inches in width. In addition to the partial and complete (in parts) destruction of the skin over this site, circular depressions nine in number, varying from a line to two lines in diameter, and penetrating to the ramus of the jaw, were scattered over the area described. Due to burn.

IV. Deep abrasion of neck $6\frac{1}{2}$ inches in length, and varying from $\frac{1}{4}$ inch to $\frac{3}{4}$ inch in width over the anterior and upper part of the neck, on a line with the hyoid bone, commencing two inches to the left of the median line, and extending horizontally to the mastoid process of the right temporal bone. On the left side the abrasion penetrates the skin and superficial tissues to the depth of two lines; over the Pomme Adami the ligaments between that body and the hyoid bone are laid

bare, but the laryngial cavity is not penetrated ; on the right side almost all the fibres of the sterno-cleido-mastoid muscle were transversely severed as well as the deeper tissues, leaving exposed the transverse processes of the cervical vertebrae on a level with the hyoid bone on the right side. The right carotid artery and jugular vein remain intact. Due to burn.

V. Superficial and deep abrasion of the dorsal surface of the right hand, $1\frac{1}{2}$ inch in length and $\frac{1}{4}$ inch in width, and varying from a line to two lines in depth, extending diagonally across the third phalangeal articulation of the little finger, from right to left downwards. Due to burn.

VI. Deep abrasions involving cancellous structure of bones of middle phalanx of index finger, first and third phalanges of middle finger, and the articulation of the first and middle phalanges of the ring finger, on the palmar surface. These abrasions are all transverse, in direction, varying from a line to two lines in depth, and $\frac{1}{4}$ inch in width, and involve the skin and superficial tissues and to a greater or lesser extent the bony tissues described. Due to burn.

VII. Superficial and deep abrasions, three in number, on the left elbow, running parallel to each other ; upper abrasion $1\frac{1}{2}$ inch in length, $\frac{1}{4}$ inch in width, a line to two lines in depth, extending diagonally from left to right and penetrating superficial tissues, immediately above the olecranon ; middle abrasion $\frac{1}{4}$ inch below upper, 2 inches in length, $\frac{1}{4}$ inch in width, a line to two lines in depth, penetrating superficial tissues and cancellous structures of olecranon ; lower abrasion $\frac{1}{4}$ inch below middle, $1\frac{1}{2}$ inches in length, $\frac{1}{4}$ inch in width and penetrating superficial tissues. Due to burn.

VIII. Deep abrasion of dorsal surface of first and

second phalanges of little toe, right lower extremity, 1 inch in length, $\frac{1}{4}$ inch in width, a line to two lines in depth, penetrating the superficial tissues and the cancellous structure of the articulation between first and second phalanges described. Due to burn.

Appearances of Organs.—General hyperemia of all large organs.

I. Heart.—Normal in size, not ruptured, no organic disease present. Marked hyperemia of whole organ; isolated hemorrhagic spots size of pin heads scattered over the surface, more marked at apex, where they form an aggregation probably forty in number. Right auricle distended with fluid blood as well as right ventricle; left auricle and ventricle contain less quantity.

II. Lungs.—Right lung markedly hyperemic and injected, of pinkish color, isolated hemorrhagic spots, few in number, scattered over surface. Some pleuretic adhesions posteriorly. Hypostasis of posterior border and lower dependent portion. Left lung hyperemic and injected and same color as right lung. Hemorrhagic spots greater in number. Hypostasis as in right lung. Both lungs crepitate freely on pressure. No organic disease of either lung.

III. Liver.—Of normal size, no organic disease present. Markedly hyperemic.

IV. Kidneys.—Right and left of normal size. No organic disease present. Markedly hyperemic.

V. Spleen.—Of normal size. No organic disease present. Markedly hyperemic.

VI. Stomach.—Contracted and hyperemic from digestion; contains small quantity of food in process of digestion. No organic disease present.

VII. Brain.—Hyperemia and injection as in other organs. No organic disease present. All smaller blood

vessels distended. One isolated spot of congestion 1 inch in length, $\frac{1}{4}$ inch in width on left temporal lobe.

VIII. Cerebellum.—Hyperemic, smaller vessels distended. No organic disease present.

IX. Medulla Oblongata.—Hyperemic, smaller vessels distended. No organic disease present.

Blood throughout body fluid.—No tendency to coagulation.

Death due (as per Coroner's certificate) to.—Shock from the discharge of an electric current, the result of grasping a charged electric light wire, while standing on an iron awning on the southeast corner of Chrystie and Houston Streets, on September 13th, 1889, at 4.20 P. M.

Autopsy on the body of Charles Erdman, aged 39 years, native of Germany, who received shock on pole in front of 155 Grand street, October 8th, 1889, at 4.30 P. M.

Body well developed and muscular. Rigor mortis marked.

External appearances.—There are deep burns involving the soft tissues of ball of thumb and palmar surface of middle finger of right hand. Superficial burns of palmar surface of first and third fingers of same hand. There is a burn involving the skin in the fold of left buttock about $3\frac{1}{2}$ inches in length and $\frac{1}{2}$ -inch in breadth. (Burns of hand are about $\frac{1}{2}$ to $\frac{3}{4}$ of an inch in lengths if made by grasping hot wire.)

Examination of organs.—The heart is normal. The blood flowing from the cut vessels is fluid. There are imperfectly formed soft dark clots in the right auricle. The left lung is bound to the costal pleura over its entire surface except the apex. Both lungs are congested. The stomach and intestines are congested. The liver is congested. The kidneys are enlarged, slightly granular and congested.

There is considerable hemorrhage beneath the dura-mater, but the blood is fluid. The brain is congested. There is a fracture of base of skull extending across from the squamous portion of right temporal bone through the petrous portion, the body of the spheroid and involving the petrous portion of the left temporal.

Autopsy on the body of John E. H. Feeke, 39 years of age, killed while at work on lines attached to telegraph pole S. W. corner of Chambers and Centre streets, Oct. 11, 1889, between 1 and 2 P. M.

Body well nourished; rigor mortis well marked.

BURNS.

1. Extensive burns beginning from mastoid process, extending through cheek into mouth and partially severing jaw. Burns of the tongue, upper lip, under lip, partially severing lower lip, extending to the angle of jaw of left side.

2. Burns down to bone from right ear forward to external angle of right eye. Nose showed deep burns at root, and whole of right side of nose destroyed with bone exposed.

3. Slight burn on the chin, burn of neck seven inches in length, horizontally across opening in larynx below thyroid cartilage (Adam's Apple) burning anterior borders of sterno-cleido-mastoid muscle. Great vessels not touched.

4. Left foot.—Sole and toes and external surface showed extensive burns, especially marked over anterior and external portion of sole. Inner sole of shoe and stocking burned.

5. Right hand showed burn that nearly severed thumb from hand and exposes freely the bone and opens the metacarpo-phalangeal joint (of thumb and hand). Index,

middle and ring fingers showed extensive burns. Left hand showed on dorsal surface numerous superficial burns.

Autopsy on Oct. 12.—Heart slightly dilated. On the surface of the pericardium there are four petechia or hemorrhagic spots. Right pleura shows numerous petechia, interlobar, with fibrine on surface, few on left pleura.

Lungs.—Congested, and also show on pleural surface some large hemorrhages circumscribed, varying in size from a five cent piece to an inch in diameter.

Blood everywhere perfectly fluid and dark colored—all organs congested.

The cause of death—shock from the discharge of electric current through body. Body relaxed when first examined immediately after death.

In one of these cases the right auricle was distended with blood and the ventricles empty.

The experiments of Dr. Benjamin W. Richardson, as published in the *Medical Times and Gazette* of 1869, with a battery consisting of 48 Bunsen cells were connected with an induction coil of enormous size weighing fifteen hundred weight. To this primary coil, 3770 yards long, the secondary wire, 150 miles in length, with a central core of soft iron five feet long, four feet in diameter, and 125 pounds in weight. Three kinds of sparks were obtained, which are spoken of in Woodman & Tidy's *Forensic Medicine and Toxicology*. First, the secondary wire was simply charged from the primary wire. A spark 29 inches long and of some thickness was obtained. It had two flames—a line of thin, blue, intense flame, surrounded by a thick, burning flame. The latter could be blown aside by a bellows. Dr. Richardson says that this current could be applied to the surface of animals

without producing death. The second kind was when the brake or vibrine was used. That then a spark was produced ten or fifteen inches long, blue, intense, forked and almost continuous. This current could also be applied repeatedly to the surface of the body of an animal without producing death. The third kind was made by a Leyden battery of 40 square feet. When a Leyden battery of 40 square feet was charged from this cell by three discharges, a most dangerous and fatal kind of lightning was obtained.

Woodman & Tidy say as regards the effects of the different sparks Dr. Richardson showed, that the first kind seldom injures much. It only singed the feathers or fur of pigeons and rabbits, and produced an anaesthesia after several discharges. Thus, a frog took 25, a pigeon 15, and a rabbit 30 discharges without being killed. It may be sent through the body.

The second kind of spark is also pretty harmless if made on the outside of the body, but the contraction of muscles induced is more or less permanent. If passed through the interior of the body the effects are more powerful but death is seldom produced.

When the third kind, from the charged Leyden jars, is used, one or two are found to be fatal, if the current pass through the body and is not stopped by feathers, etc.

Richardson's experiments showed that two effects were produced—one on the voluntary motion and common sensation, which was not fatal; the other on respiration and circulation of living animals, which was fatal. His experiments also show that the blood of all animals that had been killed by him by the electric discharge and by every form of the discharge was rendered darker in color.

To show that blood was a good conductor he filled a glass tube with blood newly drawn and well oxydized, so that it possessed a brilliant red hue, and through this blood passed a discharge from the coil, transforming it from the bright arterial into venous looking blood. He went further, and, oxygenating the blood, restored the red color, and repeated the experiments a number of times with the same blood. He showed that by evaporating the water of the blood that the blood had conducting power up to the point of coagulation. He also showed that electricity and lightning caused engorgement of the most vascular organs—lightning to the extent of rupturing blood vessels, and even the heart.

The more intense form of electricity used by us for lighting purposes produces results more intense in their effects than any made by experiments with the monster battery of Dr. Richardson.

I gather from the cases that have been submitted the following characteristics of electrical death : The extremely dark fluid condition of the blood, the engorgement of the most vascular organs, producing congestion and minute hemorrhages in the capillary system of the serus and mucous membranes that the current of electricity did not affect the red but did the white corpuscles of the blood, producing apparent disintegration in them and eliminating the fibrine of the blood, but making no noticeable cellular change in any of the tissues examined. Dr. Biggs did not find this so with regard to white corpuscles in case of Feeks—no change. But there are diseases which in many respects produce a similar pathological condition, and I am indebted to Dr. Herman H. Biggs, an eminent pathologist, who at my request wrote me that “we find at autopsy dark and

mainly fluid blood, with punctate hemorrhages into the serus membranes forming the principal lesion, not infrequently in typhus fever, septicaemia and occasionally in other generally infectious diseases, and even in the eruptive fevers when death occurs very early before the eruption has appeared. In death from asphyxia and sunstroke, when the same lesions are commonly found ; sometimes associated with other marked changes, and occasionally in purpura and in poisoning by opium and hydrocyanic acid,"

He adds in addition to the conditions mentioned in the above diseases the general congestion of the viscera which he finds in electrical death.

We are therefore compelled to depend upon the external burns and marks made by contact with the live wire—which generally have a bluish or violet tinge reaching out from them—as the most important and distinctive evidence of electrical death, in conjunction with the pathological conditions before referred to.

In conclusion, gentlemen, the popular idea that the electrical current passes along the nerves and produces shock by conducting the current to the brain is, as you are aware, fallacious. Our knowledge of the great electrical conductive power of water, and the experiments of Dr. Richardson, which show the still greater electrical conductive power of blood, would lead one to suppose, and in fact it is proved by the greater damage done to the most vascular organs of the body, that the blood is the great conductor of electricity, and that in all cases of exposure to the electric current the blood is the first to suffer and the nerve centres and cells the last. Unquestionably, gentlemen, our knowledge of the manner of death points out clearly that, firstly where death is not on the instant produced by the shock of the current,

which might be likened to a blow, it must, secondly, where death is also instantaneous but where the current is not so intense and mechanically destructive, be produced by the electric current's action (conducted by the blood) upon the ganglia of the heart, causing spasm of the heart muscle (emptying the ventricles) and abnormally forcibly propelling the changed and fluid blood to the periphery, producing hyperaemia of and ecchymosis in the most vascular portions of the most vascular organs. The paralysis of the heart which follows the muscular contraction of that organ, the loss of contractility of the blood vessels and the fluid condition of the blood permit (post mortem) anaemia of the (uninjured) periphery and the gradual flow of the fluid blood to the blood centres.

Where death is not instantaneous it must be produced by disorganization of the blood, interference with the circulation, causing congestion of some vital vascular organ by engorgement. The lungs being the most vascular, death naturally results from asphyxia, either through the unoxygenated condition of the blood or hyperaemia or engorgement of those organs.

I thank you, gentlemen, for your kind and patient attention.

THE PROVINCE OF MEDICAL EXPERTISM.

BY HON. CHARLES G. GARRISON.

Judge of the Supreme Court of New Jersey.

Whether the present position of Medico-Legal Evidence is or is not a satisfactory one to either profession must be answered by comparing what it should be with what it is.

Brought in contact as medical experts are with the judiciary and the bar professionally, with parties and with juries representing the laity and speaking as it were in the ear of the whole medical world, do we or do we not find that their deliverances are received by the courts as authoritative—that advocates deem them calm and unbiassed representatives of science—that juries rely with confidence upon their utterances and that the profession of medicine delights to point to them as the accredited spokesmen of its great truths?

For my present purpose I shall assume that both professions are far from being satisfied with the position of Medical Expertism.

The grounds of this dissatisfaction are, I think, reducible to one—viz.: that upon every conceivable issue expert opinions are procurable which sustain or seem to sustain the most contradictory views.

To draw your attention to one of the causes of this untoward state of things is my object this evening.

Thanks to its dual composition this Society, in passing judgment upon a matter which concerns either profession solely, possesses elements which enable it to fulfill the poet's longing—in that each may here see itself as

the other sees it—a test of peculiar value, and in nothing more so, than in the clear light in which it places the fundamental differences which separate the legal from the medical mind. The medical mind trained chiefly in its perceptive faculties and having necessarily but one standard of ultimate truth—the laws of nature—with which it must lie parallel or be in hopeless error, has nothing in common with those mental processes by which the law applies certain established rules to the production of that uniformity of conduct which race experience or public policy deems best for the common good.

The one gathers truth from the facts of nature and re-applies it to the source from which it came—this its sole test of truth; the other tests its tenets by the success with which they co-ordinate the affairs of men and in its search for facts about the truth calls upon all the other sciences to be its handmaidens. The two professions stand in fine as types respectively of the inductive and of the deductive in science.

Such being the fundamental differences between the mind medical and the mind legal, medical expertism presents the striking anomaly of a system whereby knowledge acquired by mental processes peculiar to one of these classes of trained minds is required to be given out for alien purposes under rules formulated upon principles entirely peculiar to the other. When, therefore, we approach the investigation of Medical Expertism as a department of jurisprudence we must sharply discriminate between the principles upon which medical knowledge is acquired, and the legal method in conformity with which medical testimony is adduced.

The medical expert gains his knowledge by processes adapted solely to the ascertainment of the actual truth about natural laws; he is called upon to enunciate these

natural truths under rules formulated by the judicial mind and at variance not only with his modes of thought but also with his conception of truth. Notwithstanding the obvious conclusion to which these considerations point, there is abroad in legal circles a tacit sentiment that for the evils of the expert system their profession is in no wise responsible, and that with the medical profession rests the primary liability for all the admitted ills of this department of jurisprudence. Yet the lawyer himself discriminates between the practitioner and the expert, embodied though they be in one and the same person; at the bedside he reposes a practically unlimited confidence in the man as physician, and in his science; as an expert he regards him as a tool whose cutting edge he will employ or dull as exigency may require. The truth is that within the domain of medical thought and practice the physician is singularly free from all those slurs which blot the 'scutcheon of the expert. It is only in the temple of Justice that the science of Medicine is prostituted. Impressed with these considerations I take this opportunity to moot the proposition that the loose opinionizing which lies at the root of the whole evil has its origin in a juridical misconception of the grounds upon which expertism finds a place in the procedure by which issues of fact are tried; and that its present position as a mischievous element is largely due to the failure of those who guide that procedure to keep in mind the purpose for which this class of testimony is logically admissible in evidence.

To make clear my meaning I will state the accepted rule of expert evidence, for which my legal hearers will bear with me.

A medical man may testify in a court of law in one of two characters, either as a witness to relevant facts or as

an expert. In the former capacity he does not differ from any other witness: he must, in his testimony, state such facts as have come under his personal observation and nothing more. But as an expert his position is different; he is still a witness, but, unlike all other witnesses, he is not called because any part of the transaction in question came under his observation. For what then is he called? Legal authorities and judges by uniform dicta answer, "to give opinions." So that in legal circles the definition of an expert is that he is a witness who gives his private opinion under oath. Text writers upon Evidence, and commentators upon the theory of trials by jury, unite in saying that expert evidence is the sole exception to the rule which requires all testimony to be as to facts. So that the broad law is laid down that experts alone may give their opinions upon the witness stand—that these opinions are admitted as such, and that the province of the expert is to form and express his private conclusion upon facts which the jury is summoned to try. From these propositions it is but a short step to the full-blown modern expert as we see him in actual operation—who being neither judge nor juror, witness nor advocate, exercises the privileges of them all, restrained by the limitations of none.

What first strikes the mind upon considering the rule thus laid down is that it breaks in upon the otherwise harmonious rules of evidence and is clearly repugnant to the entire theory of trial by jury. Here sits the judge to decide the law and here the jury sworn to render a verdict according to the facts. What happens when in the investigation of those facts expert opinions are introduced? Is the function of the jury at an end, or is it only suspended as far as that department of the case is concerned? Are they to substitute the conclusion

of the expert for their own—or are they to repudiate it and decide the issue without evidence? It is difficult to see how jurisprudence is to reconcile its theory of trial by jury with the notion that the province it assigns to the expert is simply to opinionize. And surely there is nothing in the practical workings of this scheme to commend as a desideratum for which the harmony of the philosophy of law should be broken in upon.

In suggesting a different view upon which expert testimony is admissible, I shall have accomplished the sole object of this paper. As it is merely a suggestion, I shall neither amplify it with details nor burden you with illustration.

Doubtless the expert is summoned to aid juries in the correct solution of the issues entrusted to them. But, contrary to the accepted rule, the true theory upon which this is permitted is in full harmony with the philosophy of trial evidence.

There is in all these cases a relevant *fact* not within the knowledge of ordinary witnesses—it is to give testimony by which this fact may be brought to the attention of the jury that expert evidence finds a place in a rational theory of forensic procedure. Profoundly considered, what the expert is summoned to testify to is the condition of the scientific thought which he represents in so far as it bears upon the question in hand. This condition of science is a substantive fact. It is by virtue of the existence of this fact that the testimony as to it gains a bearing. But science is impersonal and must speak through the mouths of her representatives; they being men, their testimony, although speaking for her, will partake of the imperfections of human knowledge; but this should not lead us to lose sight of the principle by virtue of which they gain a hearing, nor does it alter

the proposition that the relevant fact which must control their evidence is the state of science, which must be made known to that tribunal which is charged with the duty of deciding the issues before it, and not the private conclusions of an individual witness which, to be effective at all, must be bodily substituted for those of the jury. Expert testimony under this view is no exception to all the other rules of law, but in harmony with them.

Under the one view an individual conclusion is made evidence. The more individual the conclusion is the more consistent will it be with the rule under which it is admitted, which neither in theory nor practice refers it to any standard by which it may be measured or toward which it may be made to tend ; the other makes a great fact of relevant significance the norm of expert testimony and, barring the imperfections of human knowledge, accepts nothing less than it demands.

The distinction thus briefly indicated seems to me of real importance, chiefly in its principal bearings. Not only does it harmonize the otherwise anomalous rule of expert evidence with the rest of the law of evidence, but as all testimony is shaped and limited by the object for which it is introduced and the grounds of its admissibility, a recognition of this as the true principle upon which expert testimony finds a place in our jurisprudence could not fail to lead to the correction of many of those evils of which all complain.

It is no answer to say that the fact upon which in theory the testimony is admitted will in practice be an opinion after all. In seeking for causes nothing capable of exercising an influence can be deemed unessential. Besides, it is a very different thing in its total effect whether we ascribe an imperfection to the frailty of

human knowledge where it belongs or to a loose and unphilosophical jurisprudence, which invites opinions which it cannot logically use and demands nothing higher. Bodies of laws like bodies of men are dignified by what is demanded of them. In the one case the tendency of medical expertism would be to approximate as nearly as might be to the high ideal demanded of it by the law and those who administer it ; under the other it has gravitated into a position where courts disparage it, lawyers juggle with it, and jurors ignore it. Does the hope appear unattainable and the idea suggested unpractical and inadequate ? Never underestimate the power of an idea ; it has been likened to a tender seed which if it take root will in time burst asunder even bands of iron. If I have been so fortunate as to drop the smallest seed I have no doubt of its growth, for I know it has fallen upon good ground.

*MEDICO LEGAL RELATIONS OF SHOCK.**

BY HAROLD N. MOYER, M. D.,

Lecturer on Physiology and Histology, Rush Medical College, etc.

There is no question of greater medico-legal interest than the cause of death, and in many cases it is one of the utmost difficulty. The post-mortem examination, when taken alone, is often wholly inadequate to answer this question ; when illuminated by a complete clinical history, valuable light is thrown upon obscure or unimportant post-mortem appearances. Unfortunately, in too many cases, we have little but the observations made after death, and from them we must attempt to reproduce certain facts and occurrences that have taken place days or weeks before. The cause of death in a given case should be predicated upon all the evidence obtainable. In many cases the post-mortem findings alone are too incomplete upon which to base an opinion ; and in all these doubtful cases a guarded expression should be used. While we may indulge in fine-spun theories and carefully formed classifications, the law on this matter is exceptionally plain ; it simply asks, "Did the wound or injuries inflicted shorten the life of the person ?" If from disease a human being would have died at a particular hour, and if from the infliction of injuries life is shortened but a few minutes, the one who inflicts these injuries is a murderer. It is plain that this very explicitness but adds difficulty to many cases, whatever theory the law may hold regarding the scope of expert

* Read before the Medico-Legal Society of Chicago, Meeting of October 5th, '89.

testimony, a certain portion of the case is decided outside of the court room. It is true that it may be reviewed there, but the physician who makes a post-mortem examination should ever hold in mind the rules which govern legal evidence. He is not to base his opinion solely upon the preponderance of evidence, but if, from all the facts, it appears that there is a reasonable doubt that the injuries received caused the death of the person this reasonable doubt should appear in his opinion, and he should decide that death resulted wholly or partially from natural causes—a reasonable doubt is always to be interpreted in favor of the accused. It makes a vast difference whether an opinion of this sort is expressed in the terms of a negative or positive proposition ; either way shifts the burden of proof and changes the whole aspect of the case.

In the vast majority of cases, when death is attributed to shock, the injuries are direct, severe and, for the most part, are accompanied by some lesion of vital or important organs. These cases give rise to but little discussion, as death follows in such a direct casual relation to the injuries that it is accepted as a natural sequence. When, however, injuries are inflicted that have a tendency to cause death, but do not do so, from direct injury of a vital organ, then we have doubt, uncertainty and, more or less, learned disputations.

It is manifest that injuries must, of necessity, have two results in causing death, either by immediate shock (surgical shock) or by their remote and secondary consequences, such as hemorrhage, inflammation, abscess, septicaemia, fat embolism, etc. If death cannot be traced to one of these conditions, some other cause must be sought. Of the first form, a case may be cited which bears directly upon the question of shock when no im-

portant organ was involved. The protocol of the post-mortem examination was substantially as follows: Body, that of Robert Burns, apparently about fifty years of age; weight, about 150 pounds; nutrition had been poorly maintained; muscular tissue, flaccid. On the outer surface of left arm, seven inches below the shoulder-joint, was a contusion, one and three-fourths by two and one-half inches, with extravasation of blood into the skin and sub-cutaneous tissue. On the anterior surface of right arm, just below the shoulder, was a livid patch, two by two and one-half inches in area, yellow around the borders. On the left side of the chest, over eleventh rib, on a line with the anterior border of the arm pit, was a contusion, black and blue in color, two by two and one-half inches. A large contusion, eight by twelve inches, on anterior lower part of abdomen and left hip, extending around upon the lateral surface. The tissues were filled with affused blood, extending to the fascia lata upon the hip, and through the abdominal muscles upon the anterior and lower portion of the abdomen. The tissues were pulpified and sodden. The surface of the injured part in the whole extent as given were black and blue in color. The sternum was fractured at the attachment of the fourth costal cartilage. Blood extravasation was found in the line of fracture, and in the tissues above and beneath it. The left twelfth rib was fractured. The kidneys showed a small amount of fat. Liver fatty. Dura-mater adherent throughout and thickened. Heart contained a small amount of fluid blood.

The opinion advanced in this case was that death was caused by shock from the injuries and bruises received. As one physician expressed it, "I believe that the death of said Robert Burns resulted from the injuries above

described, and that it was a consequence of shock produced by the injuries and subsequent prostration."

A second physician was asked: "In your opinion, what was death caused by?" Answer. "Shock." Question. "How produced?" Answer. "By injuries received on the body." It is significant that a third physician present at the autopsy insisted upon qualifying his opinion in the following terms:

Question. "In your opinion, what was the cause of his death?" Answer. "In the absence of any other obvious cause of death, it would seem that the contusions and fractures found upon his body would have a great deal to do with his death."

To the charge of the Coroner that this answer was ambiguous, he said: "It might, perhaps, be, but not knowing the history of the man's diseases before he died, I could not give any more definite opinion."

In the trial it was admitted, on cross-examination, that the injuries were several days old at the time of death, as was shown by the color changes in the extravasated blood. The bruise on the abdomen was admitted to have been produced possibly five days previous to death. In the light of this statement what weight is to attach to the opinion that death was caused by shock? This raises the highly interesting question of the duration of shock. A large number of standard authors have been examined in reference to this point, but not one of them gives in hours or days the possible limit of the duration of shock.

Four physicians were examined for the defense in this case, and in reply to the question as to the possible duration of shock, answered unanimously, twenty-four hours. All writers are agreed in regarding shock as immediate in its consequences, and, while they do not place a time

limit upon its duration, by inference, at least, they state that shock is either recovered from or passes rapidly into other conditions. Savory says, in speaking of the varieties of shock : “ The concatenation of symptoms often called delayed shock, is, in my opinion, due to a very different pathology. The very essence of shock is its immediate production before inflammation, septicaemia, suppuration or fat-embolism can occur.”

It is manifest in this case that had death resulted from shock the color changes in the extravasated blood would not have had time to take place. If death was not caused by shock, then it must be attributed to the secondary consequences of the wounds ; but they were *nil*, so that death cannot be attributed, with absolute certainty, to the wounds. The other factors in the case were that Burns, at the time of his death, was suffering from an exhaustional and confusional form of insanity, complicated by chronic alcoholism. There had been refusal of food and progressive failure of all the vital powers for some weeks, a condition the natural tendency of which is towards death. In addition, they alleged that in these cases there was often marked vascular and osseous degeneration, so that in the ordinary legitimate restraint of an insane patient ecchymoses were produced, in extent and depth out of all proportion to those occurring under similar conditions in a healthy person ; the bones, too, were more fragile, and liable to spontaneous fracture.

One important factor in the diagnosis of death from shock is the condition of the heart. Savory says : “ After death the heart is found full of blood, all its cavities are distended, although this is most obvious in the auricles and right ventricle, the left ventricle not so readily yielding.” This coincides with my own observa-

tions, in every case where death resulted from pure and uncomplicated shock, without hemorrhage, the right side of the heart has been uniformly distended with fluid and clotted blood. These observations confirm the experimental work of Goltz, who found that a succession of slight blows upon the abdomen of the frog caused a uniform stoppage of the heart in diastole, with its cavities fully distended. These experiments were repeated by Max Schrader (*Ibid.**), who demonstrated that the effect was produced by direct action upon the ganglia within the heart, and not through the central nervous system.

What is known as the Hetzke case is one of great interest. The post-mortem examination was upon the body of a lad about fourteen years of age: Body thin and poorly nourished, sub-cutaneous fat much wasted. A large number of superficial ecchymoses were found, principally upon the back, arms and posterior aspect of the thighs; none of these bruises extended deeper than the lower layers of the skin. They were of a uniform, dark red, or reddish purple color. From forty to sixty of these marks could be identified as having been made with the same instrument, which was subsequently found to correspond with a large iron buckle attached to a strap found upon the premises. The post-mortem findings were absolutely negative to both macroscopic and microscopic examination; all the organs appeared to be healthy. The heart, especially the right auricle and ventricle, was enormously distended with fluid and clotted blood; the auricle appeared as though it were ready to burst. The opinion advanced was that the lad had died from shock, the evidence showing that he was

*Quoted by Max Schrader, Inaug-Diss., Strasburg Schmidts' Jahrbücher, B. 211, page 10.

alive as late as 10 P. M. the night preceding his death, and that cries were heard, presumably his, at intervals during the night, which ceased at 2 or 3 A. M., some five hours before the body was found. The diagnosis of shock was based upon the absence of any other possible cause of death. The condition of the heart, the time that elapsed, as shown by the evidence, the condition of the ecchymoses and absence of color changes in the extravasated blood. The opinion was not controverted and the accused was convicted.

What, then, are the indications upon which to base a diagnosis of shock ?

First—Duration—if the injuries have been inflicted more than twenty-four hours, we are scarcely justified in attributing death to this cause.

Second—The condition of the heart—if empty and contracted, it is strong—negative evidence against the theory of shock. While I do not feel like formulating this as an absolute conclusion, yet all the evidence I have collected supports this view, and there is nothing against it in the literature of the subject.

Third—Are the injuries in their nature and extent sufficient to cause fatal shock ?

In the case of Burns only the last condition was fulfilled. In the Hetzke case all the essential factors were present. We must not forget the gravity of these injuries and the fact that a certain and varying degree of shock accompanies all of them. The error is in establishing shock as the absolute cause of death, when it is only one of several concurring causes, the relative importance of each varying in different cases. This relation is well expressed by the German authors in their "*Concurrirrende Todesursache.*"

THE ABOLITION OF THE CORONER IN MASSACHUSETTS.

BY THEODORE H. TYNDALE, Esq., of the Boston Bar.

In 1877, several things conspired to make Massachusetts look anew and closely, at the constitution, functions and practices of the ancient office of the coroner, and to inquire whether these were based on reasonable views and sound policy, and tended to any valuable result.

This examination disclosed two important groups of facts. The first was that the coroner united in one person the functions proper to a medical expert, an administrator of the law, or judge hearing evidence and passing upon its admissibility, and of a witness.

His first duty was to view the remains and, perhaps assisted by some physician, perhaps alone, to ascertain from physical inspection, and possibly autopsy, whether a supposed death by violence, was violent (*i. e.*, involving the act of another) or natural. The next step was to summon a jury and preside over and conduct the hearing, involving, of course, the testimony of other persons to facts connected with the death; and the third and last duty was to give his own testimony to the jury over whom he presided, concerning his investigation and examination.

Here then was a functionary uniting two wholly diverse and in their nature diametrically opposite functions—one a scientific investigation, the other a judicial determination. A scientific investigator, and subsequent witness, is in the nature of his calling, of a mind

and temper wholly different from those of a judge, who, never coming in personal contact with the facts, receives them from others, and calmly balances them and passes judgment. Science is armed with a microscope, while justice is blind, and it is impossible for one man to unite in his person the knowledge and qualities requisite for both kinds of inquiry. In point of fact the office with us was often held by men who were neither physicians nor lawyers, and who were consequently not fitted to discharge either function creditably.

We do not entrust our *private* affairs to persons wholly unskilled in their discharge; why should the *State* conduct its business on a different plan? No professional man who understands the scope and duties of his own profession will assume the dangerous responsibility of practising another. Yet in the coroner we had an official trying, and in matters involving the most momentous consequences, to practise two professions, neither of which he might be competent for.

Now consider for a moment that the purpose of all these proceedings was to discover whether a crime had been committed and that these proceedings were often the initiatory steps to indicting and putting some person on trial for his life, steps taken at a time when the deed and its traces were fresh, and the gravest interests alike of the State and of the suspected individual, demanded the utmost fairness, the highest attainable skill and the promptest possible action, and you see at once what risks of miscarriage of justice were run, what irreparable injury might be done, and what results of incalculable importance would inevitably be lost by this incongruous union of incompatible functions in one man—and that man too often wholly unskilled, and not fit for either of his important duties.

For you must know that we in Massachusetts *appointed* our coroners—anybody on any body's recommendation might obtain the office and in point of fact, many unworthy men did obtain it—and Boston then had 43 coroners, many more than London, New York, Brooklyn, Philadelphia, New Orleans, Chicago, San Francisco, Baltimore, Washington and Cincinnati all put together.

Here in New York I believe you *elect* these functionaries—what guaranty of special fitness that involves, I leave my auditors to guess !

The second group of facts disclosed by a nearer view of the office, was that relating on the one hand to its results and on the other to the results it prevented.

The coroner notified a constable, the constable summoned a jury, the jury were sworn, the body was viewed, one or more hearings were held, the testimony was submitted, the jury returned a verdict—and *absolutely nothing* resulted from all this.

The verdict was not conclusive ; it was not evidence, and was not even used at the subsequent trial ; the statements made by the witnesses at the coroner's inquest were not evidence, the suspected person was not bound over upon it, nor until after a rehearing of the whole matter in the criminal court. The criminal courts proceeded wholly without reference to the inquest of the coroner's jury ; practically it was altogether useless, nothing whatever being done with it, no subsequent proceeding being based upon or assisted by it ; and the publicity of the proceedings, often ignorantly conducted by a person incapable of judging of the relevancy and validity of evidence, tended to thwart justice, and in this age of eager reporting, permitted a demoralizing mass of improper matter to be paraded in the public prints—warning the criminal, if not in custody, at every

stage of the progress of the evidence, and tending to debase and corrupt the minds of young readers.

In England, the coroner, when the verdict inculcates any person, still binds him over to appear at the next assizes; but a parallel proceeding by indictment in the regular courts is forthwith begun, upon which alone he is tried. Nevertheless, if the courts find no cause to indict, and discharge the prisoner, he is still bound to appear at the assizes to which the coroner bound him over, to be there discharged. We did not even *pretend* to do anything with the coroner's verdict, but contented ourselves with simply doing *nothing*.

We decided to do away with the useless coroner's jury, to abolish the office of coroner as theretofore constituted, and to divide the functions of the office between skilled medical men to make the physical investigation, and the already existing courts of first instance to hear the evidence and apply the law. It seemed to us that the question whether or not a death were violent, was for the physician and chemist, and the question whether that violence, under all its circumstances, were a crime, was for the judge. In technical language, whether a homicide had been committed, was a question of medical science, whether that homicide were justifiable, in self-defence, or a crime, and what degree of crime, was a matter of legal determination.

With the abolition of the composite functionary and of the jury, we gained a highly trained class of "medical examiners," an office gladly accepted by the first physicians in the State; we opened the door for special interest in, and previously unknown penetration into, fields of detailed investigation in pathology; we have laid the foundation of a valuable body of observed facts

as shown by the publication of our Medico-Legal Transactions, contributed entirely by the medical examiners ; we have attained accuracy, and we have never, since the passage of the medical examiner act, failed in a single prosecution, for want or insufficient clearness of the medical testimony. The previous statistics were—some hundreds of inquests annually—some tens of convictions. Now the great majority of prosecutions begin with the skilful investigation of trained men acting promptly and delayed by no cumbersome meaningless machinery, and end in convictions. In other words, many cases formerly begun under suspicion of a violent death, are now promptly disposed of by the competent physician as being due to natural causes ; and whenever the medical man has said, here was violence, the testimony has supported his assertion to the satisfaction of the trial juries. But from what has already been noted, how could you expect *promptness* under the coroner system? A coroner, a constable, six random jurymen—two or three sessions as a rule. And accuracy ! You will scarcely believe me, when I recite to you some of the “medical” testimony given at inquests which it was my duty to bring to the light of publicity at the time of our change of system.

An employée of a railroad was run over and badly crushed by a freight-car. The medical “expert,” (the coroner’s brother in this case, a so-called eclectic physician) reported, “I found every bone in his body broken, especially the *humus*.” And this was serious business, not intended to be humorous.

In a case of supposed abortion in London, a medical practitioner testified that the fulness of the breasts attendant on impregnation, was the consequence of powerful medicines ; that the natural opening of ducts about the

os uteri were punctures, and finally, that the gall-bladder was filled with *florid* bile.

Dr. Guy relates that he was summoned by a coroner in a case where a woman previously in good health, was seized with violent vomiting in the night and died the next morning. The suspicion of poison was strongly confirmed by the swollen and crimson appearance of the body. A bloody-frothy scum issued from the mouth. She had complained of a burning sensation at the stomach and had expressed her opinion before death that she had been poisoned. Dr. Guy refused to give any opinion as to the cause of death without the opportunity of a post-mortem examination.

The coroner, who in this case was not a medical man, being in great haste to hold another inquest in another part of the city, and seeing the bloody scum issuing from the mouth, remarked to the jury that it was entirely unnecessary to open the body, as there was no doubt whatever that the woman died from rupturing a blood-vessel and advised them to return a verdict to that effect, although another physician who was present testified his belief that the woman died from the effects of poison. The verdict of the jury was in accordance with the coroner's recommendation. Being dissatisfied with such a flagrant dereliction of duty, Dr. Guy made known the facts of the case to the mayor, who caused the body to be disinterred, when it was satisfactorily proved that death had been caused by arsenic. Officers were sent in pursuit of the husband, but without success, as he had fled from the city, and thus in all probability a murderer escaped from justice.

A similar result followed the double inquest held in the famous *Bravo* case in England.

Chemical analysis of the vomited food and of the con-

tents of the intestines conclusively proved it to be a case of poisoning by tartar emetic. The coroner, however, adopting from the first the theory of suicide, heard only a portion of the testimony and neglected to preserve and have analyzed the contents of a bottle of wine partaken of by the deceased just prior to his fatal illness, and positively declined to examine one of the physicians who had been in attendance and offered to testify. The result of this perfunctory proceeding was a verdict that the deceased died from the effects of antimonial poison, but how or by whom it was administered there was no evidence to show. In other words, the only fact found by the verdict was that which the medical inquiry satisfactorily established, that the death resulted from poison, and the only purpose for which an inquest is ever justifiable—to ascertain whether a crime had or had not been committed—was left wholly out of sight. The Attorney General's attention was drawn to this farce, and he promptly took steps to have another inquest held. The Solicitors of the Treasury and other eminent counsel were engaged upon the case, and after many weeks of a most searching investigation, the second verdict was returned to the effect that Mr. Bravo did not commit suicide; that the cause of his death was not accident, but that he was wilfully murdered by having tartar emetic administered to him, but that there was not sufficient evidence to fix the guilt upon any person.

If a crime was here committed, the failure of the coroner to inquire into facts connected with the death, such as examining the contents of the bottle from which Mr. Bravo had partaken, probably defeated the ends of justice; if it was not a case of crime, but of suicide or accident, the hurried and slipshod manner in which the first inquest was conducted, aroused a painful suspicion

and occasioned a long and expensive, and as it proved, fruitless investigation. Proper care and a decent regard for the important interests involved would have insured the utmost care at the first hearing, and obviated the needless second inquest. These are a few illustrations of the worthlessness of the proceedings under the cumbersome and long out-grown coroner system.

In what particulars has Massachusetts improved the administration of justice in this, its earliest, and in certain respects, most important, stage? What we sought to attain were swiftness and certainty. To attain these we do not now, as formerly, begin unfounded prosecutions, and when we do institute proceedings they come to a satisfactory conclusion.

A chair of forensic medicine has been founded in Harvard University, and our Law Department, curiously wanting heretofore, in a proper officer to *gather* the evidence (this having been left to any random policeman formerly), has done its share, by appointing a skilled and by this time highly experienced officer, to take charge of this important work.

So we have attained that greatest deterrent of crime, that chief terror to criminals—swiftness in discovery, and certainty in punishment.

Incidentally a gain, dear to the lover of social cleanliness and morality, has been attained. I refer to the total disappearance from the press—except as news from other States—of the nauseous and offensive details formerly furnished by coroner's inquests and eagerly sought after by prurient curiosity mongers. These changes have been wrought by a simple act abolishing the office of coroner, and appointing for Boston two, for each other county in the State some four medical examiners, whose business is solely the physical examination and subsequent giving of testimony.

The Medical Examiner, calling in two witnesses notes the appearance of the body, its position and the surroundings, and being authorized by the District Attorney, Mayor or Selectmen, makes an autopsy, carefully reducing to writing every fact and circumstance, tending to show the condition of the body and the cause and manner of death. If he judges the death to have been caused by violence, he forthwith notifies the District Attorney and the Court, filing a copy of his record of autopsy with each, and certifying to the Registrar of deaths the name and residence, or if unknown, a description of the deceased person. He may call in a chemist to aid in the examination.

Nor has this step brought an increase of expense. While justice at any cost wisely administered is manifestly worth more than the previous fruitless and useless work, it is gratifying to say, that the new system is actually costing Massachusetts about one-third *less* than the old method.

The Court or Trial Justice then hold an inquest, with power to separate witnesses and exclude the public. At this inquest the District Attorney may be present and may examine the witnesses. No one being at that stage formally accused, no wrong is done and great harm—both in the direction of premature information, and in that of unwarranted accusation, is avoided.

The new system has now been in operation about twelve years, and has proved itself capable of exact and valuable work. No instance of wilful dereliction of duty under it has taken place. It has won the commendation of judges, prosecuting officers and the general public; and may fairly be pronounced a step in the direction of purifying the public service.

TENTH INAUGURAL ADDRESS

OF

CLARK BELL, ESQ.

PRESIDENT OF THE MEDICO-LEGAL SOCIETY.

FELLOWS OF THE MEDICO-LEGAL SOCIETY :

The year 1889 has been a memorable one in the annals of the Medico-Legal Society, not only in the increase of membership, but in the scope, character and importance of its labors.

MEMBERSHIP.

On January 1, 1889, there were upon the roll of the Society 594 members, of whom 429 were Active, 154 Corresponding and 11 Honorary; composed among Active of Legal, 158; Medical, 254; Scientific, 17. On the Corresponding list, Legal, 20; Medical, 124, and Scientific, 10, with 5 Legal and 6 Medical men on the Honorary list. A total of Legal, 183; Medical, 384; Scientific, 27.

During the year 1890, we have elected 104 Active, 204 Corresponding, and 3 Honorary members, making a total of 311. We have lost by death, Active, 5; Corresponding, 4, and Honorary, 1; a total of 11. Leaving our membership on January 1, 1890, as follows: Active, 527; Corresponding, 204; Honorary, 12. A total of 743 upon our roll, over and above all deaths and resignations.

We have added to the Honorary list three names, and all from France—Prof. Brouardel, Prof. Charcot and Dr. Louis Penard, ex-President of the Medico-Legal Society of France, and one of its Honorary members. The Corresponding list of members elected in 1889 embraces many eminent names. They are as follows: Dr. Van

Persyn, President of the Dutch Society of Psychiatry ; Prof. C. Luchini, the eminent Italian ; Prof. Dr. Angelo Gubernatis, and Senator Francesco Duranti, of the Italian Parliament ; Dr. J. G. Pinkham, ex-President of the Mass. Medico-Legal Society of Mass. ; Dr. Sidney Phillips, of London ; Dr. Droineau, Gen'l Superintendent of the Asylums of France ; Dr. De Craenne, Vice-President of the Belgian Society of Mental Medicine ; Dr. Lutaud, Dr. Maurice Langier, Dr. Riant, M. Demange, Vice-President Medico-Legal Society of France, all of Paris ; Dr. John B. Kerr, of Canton, China ; Dr. Victor Parant, of Toulouse, France ; Dr. F. Serafini, of Italy ; Martha J. Lamb, of N. Y. ; Dr. Jos. Workman, of Toronto ; Wm. McArthur, L.L.D., of N. Y. ; Dr. H. A. Buttolph, of N. J. ; Prof. Dr. Von Steenberg, of Copenhagen : Anton Ritti, M.D., Secretary Societe Med. Psychologique, of Paris ; Lucien Puteaux, Member of the Committee of Visitation of the Insane Asylums of the Seine, Paris ; Docteur Paul Topinard, Editor *Revue d'Anthropologie*, Paris ; Auguste Voisin, M.D., *Medecin de la Salpetriere*, Paris ; Albert Regnard, Inspector General of Administration, Department of the Interior, Paris ; Theophile Roussel, M.D., Senator of France and President of the Council Generale of Lozere, Paris ; Alfred Moreau, of Brussels ; Dr. Cuylits, Supt. of Insane Asylum, 44, Boulevard de Waterloo, Brussels ; Albert Pétrol, Advocate Court of Appeal, Member of Municipal Counsel of Paris, 53, Rue Bonaparte, Paris ; Henry Napias, M.D., Inspector General of the Administrative Service, Department of the Interior of France, 68, Rue de Rocher, Paris ; Manuel A. Muniz, M.D., Surgeon of the Peruvian Army, Melcher-Mile 143, Lima, Peru ; Doctor D. Cabred, Supt. Insane Hospital, and Prof. in Faculty of Medicine at Buenos Ayres, S. A. ; Dr. Joaquin Goncalves Rames,

Sanitario de Barbercina, Minaz-Geraes, Brazil ; Docteur N. Bajenoff, Supt. Insane Asylum of Riazanne, Russia ; Doctor P. A. H. Sweens, Supt. Insane Asylum at Voorburg-Vuchs, near Bois-le-duc, Holland ; Prof. Lange, Vice-President Danube International Congress, Copenhagen ; Prof. Edmund Hausen, Geret, of the University, Copenhagen ; Prof. Howitz, of the University, at Copenhagen ; Mr. Kunowsky, President of the Supreme Court, Breslau, Silesia, Oberstaatsanwalt, Rosenberg, Breslau, Silesia ; Prof. Sergiewitch, Professor of Jurisprudence at the University of St. Petersburg ; Prof. Tschye, Professor of Mental Medicine at the University of St. Petersburg ; Prof. Woladiniroff, Professor of Jurisprudence at the University of St. Petersburg ; Prof. Sorohin, Professor of Legal Medicine at the Academie of Medicine of St. Petersburg ; Prof. Uending, Professor of Legal Medicine at the University of Moscow ; Prof. Belin, Professor of Legal Medicine at the University of Moscow ; Prof. Patenteo, Professor of Legal Medicine at the University of Kharkoff ; Prof. Obolonsky, Professor of Legal Medicine at the University of Kieff ; Prof. Swoydeff, Professor of Legal Medicine at the University of Kazen ; Prof. Froitsky, Professor of Legal Medicine at the University of Varsovie ; Prof. Sloutsch-evny, Professor of Jurisprudence, and Senator of St. Petersburg ; all of Russia.

NECROLOGY.

The loss by death has been unusually severe, embracing that eminent name from our Honorary list, Prof. Francis Wharton. From the Corresponding list, Hon. Stanley Matthews, of the Supreme Court of the United States ; Franz Von Holtzendorf, of Munich, surely the foremost of continental jurists, editor of *der Gerichtsaal* ;

W. H. O. Sankey, M. D., the eminent English alienist and authority on Nervous and Mental Diseases; Prof. Dr. Ludwig Schlager, of Vienna, a man of the highest distinction; Hon. S. S. Cox, one of the oldest in term of service of the members of the American Congress, and Joaquin G. Lebrado, an eminent Cuban physician of Havana. From our Active list we have to record the loss of Dr. Ira Russell, one of the Vice-Presidents of the Society in 1888, and elected a Vice-President for Mass. for the year 1889; E. N. Dickerson, a life member who had contributed \$500 to the Library of the Society, and had been honored by naming him as one of the founders of the Library; Prof. A. B. Mott, son of the illustrious Valentine Mott, long an Active member and friend of the body, Dr. McDowell of Jersey City, and Dr. J. H. Leverage of this city.

THE LABORS OF THE YEAR.

The following papers have been read and many of them published in the MEDICO-LEGAL JOURNAL:

“Inaugural Presidential Address,” by Clark Bell, Esq.; “Death Current Experiments,” by Harold P. Brown, Esq.; “Insanity as a Defence to Charge of Crime,” by J. Hugo Grimm, Esq.; “Periodic Insanity among Women,” by Alice Bennett, M. D., and “Contributions to the Subject of Dr. Bennett’s Paper,” by W. W. Godding, M. D., P. Bryce, M. D.; C. A. Rice, M. D.; Prof. J. J. Elwell, Dr. A. P. Reid, Dr. Lucy M. Hall, Albert Bach, Esq.; Dr. Matthew D. Field, Mrs. M. Louise Thomas, Dr. Eliz. N. Bradley, Mr. Moritz Ellenger, Dr. Frank H. Ingram, Mr. E. W. Chamberlain and Mr. Clark Bell; “The Lebkuchner Case,” by Matthew D. Field, M. D.; “A Clinical and Forensic Study of Trance,” by E. P. Thwing, M. D.; “The Insanity of Child Birth in its Relations to Infanticide,”

by H. M. Hyzer, Esq., of Janesville, Wis.; "Report of the Committee on Care of the Insane in County Institutions," with letters from Dr. J. J. O. Dea, Dr. F. W. Higgins, Dr. W. C. Wey, Dr. W. G. Stevenson, Dr. O. F. Cobb, Dr. John Lambert, Dr. L. A. Tourtellot, Dr. R. L. Parsons and Clark Bell, Esq.; "The Hygiene of Interments," by C. F. Lindorme, M. D.; "Classification of the Varieties of Insanity," by Joseph Jones, M. D.; "Resumé of Recent Trip to England, France and Belgium," by Clark Bell, Esq.; "Medico-Legal Points in case of Michigan vs. Millard," By Prof. Victor C. Vaughan; "The Post Mortem Absorption of Strichnine," by George B. Miller, M. D.; "Post Mortem Imbibition of Poison," by Henry A. Mott; "Post Mortem Imbibition of Poison," by Prof. Witthaus; "Mecroneuropathy," by Chas. H. Hughes, M. D.; "Life Insurance," by Daniel Jordan, Esq.; "The Pathology of Death by Electricity," by P. E. Donlin, M.D.; "Supplementary Report of Committee on Insane in County Institutions," with letter from Dr. H. O. Jewett, of the local Committee for Cortland Co.; "The Province of Medical Expertism," by Judge C. G. Garrison; "Hypnotism," by Clark Bell, Esq.; Delirium Tremens as a Defence to Criminality," by T. Crisp Poole, Esq., of Brisbane, Queensland, aside from the papers read before the International Medico-Legal Congress in June, 1889.

The further notable labors of the body may be briefly stated, being by far, the most important of any previous year since the founding of the Society.

1. Holding an International Congress at Steinway Hall, New York City, June 4th, 5th, 6th and 7th, followed by a banquet, the proceedings of which will be published in a Bulletin of which about 200 pages have been completed, recording the labors of the body and the leading papers read before it, and the names of 370

of the members, which roll is constantly increasing; as men of science from all the world are enrolling in the organization, now made a permanent one, with its next Session fixed for the Universal Exposition year 1892.

2. The Third Illustrated Edition of MEDICO-LEGAL PAPERS, Series 1, has been completed, an edition limited to 1,000, which was issued in June, 1889. A volume of over 600 pages on heavy paper with illustrations.

3. The volume of PRIZE ESSAYS contributed in 1888, in competition for prizes offered by Elliott F. Shepard, Esq., and the Society, which will be ready for delivery by April 1st next, if not before, as it is printed and in the binder's hands.

4. The organization of a committee of prominent persons throughout the State, in relation to the care and condition of the insane in county institutions, with local committees in various counties of the State now being appointed, with careful selections.

5. The issuing of a series of groups of the portraits of members of the Medico-Legal Society, or of the International Medico-Legal Congress, in a style and of a size suitable for framing or preserving in portfolios.

6. The completion of the work of Nationalization of the body, with Vice-Presidents in each of the States of the Union, and providing for such officials in all foreign States, Provinces and Countries.

7. By a large increase of membership outside of the State and City of New York, and notably in foreign countries, embracing men of the highest judicial positions in France, Denmark, Austria, the American States, and in several of the British Colonies; and men of the highest scientific attainments in chemistry, in medicine, and in science, in our own and in foreign countries.

Of Judges of the Supreme Courts. We have enrolled

Chief-Justice Bermudez, of La.; Chief-Justice Sir John C. Allen, of New Brunswick; M. Barbier, President of the High Court of Cassation of France; M. Kunousky, President of the Supreme Court of Breslau; Judge Somerville, of the Supreme Court of Ala.; Judge A. L. Palmer, of the Supreme Court of New Brunswick; Judge Montgomery, of the Supreme Court of Washington, D. C.; Judge C. G. Garrison, of the Supreme Court of New Jersey; Judge L. A. Emery, of the Supreme Court of Maine; Hon. W. S. Ladd, ex-Judge of the Supreme Court of N. H.; and Judges Wm. H. Francis, of Dakota, Lock E. Houston of Miss.; Judges A. A. Gumby of La., J. C. Normile of St. Louis; George H. Sanders of Ark.; Judge R. W. Westbrook, of Phila.; and Judge Goldfogle, of New York.

It would occupy too much time and space to enumerate the many Superintendents of Asylums, and men of distinction in both professions, home and foreign, who have united with the body upon our active list.

8. The various Standing Committees will be announced later.

9. A prize of \$100 was offered by the President of the Society, and of \$75 and \$50 by the Society for first, second and third best prizes, which closed Dec. 31, 1889, and the Committee will pass upon these competitions, when time is given for the receipt of those mailed in foreign countries.

THE PROGRESS OF THE SCIENCE.

The coming year opens the closing decade of the century. The foundations are laid for great advances in Medical Jurisprudence in the remaining years before 1900. The mission of this body and its field has been greatly enlarged, and widened, and broadened.

This Society has become national, and it is upon the threshold of international labors.

The International Congress of 1892 will be by far the most significant and important step in medical jurisprudence of our era. We will need the intervening years for preparation, for a convocation which shall bring contributions from all lands.

Men of the highest eminence in both the professions, and scientists are enrolling their names, not only as members of the International Congress, now made a permanent organization, but as active members of the Medico-Legal Society.

Vice-Presidents of this Society have been elected from most of the American States, and from many Foreign States, Provinces and Countries.

The International Congress will aim to have representatives from all civilized nations and peoples, with a Vice-President in and from each.

Papers will be contributed from many countries, some of which have already been promised.

As fast as the titles are furnished they will be published in the MEDICO-LEGAL JOURNAL.

The Medico-Legal Societies of Philadelphia, and of Chicago, are in a most flourishing state. Each have a large list of members, and the papers read before them are notable and important contributions to the science. The Massachusetts Medico-Legal Society has contributed a published collection of its papers on arsenical poisoning, of great scientific importance and value, and the Rhode Island Medico-Legal Society is doing good work.

A Medico-Legal Society is about to be formed at Denver, Colorado, by prominent gentlemen of both professions, among whom are Dr. J. T. Eskridge, formerly Professor of Mental Medicine in Philadelphia, Pa.,

Chief-Justice Helm of the Supreme Court of that State District-Attorney Stevens, Hon. Thomas Patterson and Mr. Wycoff of the Bar of Denver, Drs. Kimball, Fisk, McLanthlin, Lerneen, Mr. Gauze and the Rev. Myron Reid.

FOREIGN.

Belgium.—A Medico-Legal Society has been formed, composed of about thirty-six members selected from the *medicine legists* of that country, of which Doctor Vleminckx has been elected president. The Bar of Belgium has not thus far been identified with this Society as active members.

Italy.—It is under advisement by leading men of science in both professions to found a society of medical jurisprudence, which will take form doubtless during the coming year.

France.—Has during 1889 attracted the attention of men of science in all branches at her great Exposition.

The Congress of Medical Jurisprudence was an important gathering, held August 19th to August 24th, at the Faculty of Medicine.

Prof. Brouardel, President of the Medico-Legal Society of France, was President of the Committee on Organization.

The Vice Presidents were: M. Horteloup, ex-President of that body, a distinguished jurist, and M. Demange, of the same profession, and member of the Council of Fordre.

The Secretary was Dr. Motet, General Secretary of the French Medico-Legal Society, and the other Secretaries were Drs. Leblond, Lutaud and Socquet.

The official delegates were :

From the *Medico-Legal Society of New York.*—Clark Bell, Esq., Chief-Justice Bermudez and H. A. Mott, Jr.

From the *Belgian Medico-Legal Society*.—Dr. Vlem-inickx and Dr. Camile Moreau, President and Secretary of that body.

From *Belgium*.—Prof. Dr. Stiénon of the University of Brussels, and Hon. Alfred Moreau of the Belgian Bar.

From *Brazil*.—Dr. Pires Garcia, of Rio Janiero, Dr. Joao Conrado of Niemeyer.

From *Spain*.—Dr. Nicusio Mariscaly Garcia (Madrid).

Denmark.—Løgeforeningen for Kjobenhoonag Omgyn (Copenhagen).

Sandwich Islands.—M. de Varigny.

Italy.—Prof. Lombroso, of Turin.

Mexico.—Sig. Rafael de Zayas Enriques, Manuel Flores, Sig. Edouard E. Zabate, José Ramirez.

Monaco.—Doctor Coulon.

Paraguay.—Doctor Hassler.

Peru.—Dr. Muniz, of Lima.

Roumania.—Dr. Soutzo, Doctor Iscovesco.

The following is a list of the papers contributed and officially announced :

Prof. Lacassagne, “De l’Examen Méthodique des Petites Filles Victims d’Attentats à la Pudeur.”

Dr. Coutagne, “Anatomie et Physiologie Pathologique de la Pendaïson.”

Dr. Camille Moreau, Charleroi Belgium, “De la Simulation.”

Dr. Duponchel, “Examen des Simulateurs, &c., des Règles Nouvelles à Adapter dans cet Examen.”

Dr. Semal, Mons. Belgium, “La Prison-Asile pour Criminels Alienés et Instinctifs.”

Dr. Maurice Langier, “Fracture of the Humerus, Notes on, etc.”

Dr. Garnier, “Le Criminel Instinctifs et les Droits de la Defense Sociale.’

Clark Bell, Esq., "L'exécution par l'Electricité des Condamnés a Mort en Amerique."

The programme also embraced the discussions of several very important questions on which reports were made by eminent men, prepared in advance and submitted to the Congress.

This movement gave a great impetus to forensic medical studies on both Continents, and while Germany, Russia and England took no prominent part in the labors, the scientists of all the world will feel the current of scientific thought thus engendered.

The Paris Congresses on Mental Medicine, on Criminal Anthropology, on Hypnotism and on various of the sciences Germane to our studies, drew to the French capital scientific men from all countries, and reflected great credit upon France, and added new lustre to the real renown which her men of science have won for her in our country.

England.—There has been suggestions made in the London *Lancet* favoring the formation of a Medico-Legal Society in England. It is under consideration as we learn. The medical men are willing. The doubt is, will the Bar of England and the Judiciary of England, take hold of this work and realize in Great Britain the hopes of the students of the science by the formation of a Medico-Legal Society in the British Islands.

THE WORK OF THE COMING YEAR.

The responsibility of the coming year involves great responsibilities and requires more than ordinary exertion.

1. To complete the work of nationalization so as to embrace all states, countries and provinces not now

represented in the Society and to select vice-presidents for each.

2. To complete the labors of the various standing committees.

3. To bring to the attention of the colleges and universities where law and medicine are taught; to the law and medical schools; and to the State and National Bar Associations and the State and National Medical Associations; the importance not only of establishing a chair of medical jurisprudence in every such school, but to make it obligatory on each graduate to pass an examination in forensic medicine before graduation.

4. I need not reënumerate the various special subjects to which your attention was brought last year, and which I still strongly recommend.

Finally, now that we have a membership of over 750 in the various classes of our members, and are destined in the near future to swell this number to 1,000, we should enter upon this opening year of the closing decade of our century with greater zeal and energy than we have hitherto shown in the past.

Thanking you for the kind and cordial support that has been offered by one and all to the chair, in the various and arduous duties of the past, I feel all the more confident of its continuance, as we commence the more exacting duties of the coming year.

EDITORIAL.

SPIRITUALISM AND TESTAMENTARY CAPACITY.

The decision of Van Vleet, Justice in Middleditch vs. Williams in New Jersey, is very interesting.

The will was made by the testator under the belief that its provisions were desired and directed by the spirit of his deceased wife, communicated through a medium.

The learned judge holds the following propositions:—

1. That a will may be contrary to the principles of justice and humanity, yet if there was testamentary capacity, and no fraud or undue influence, the will must be upheld.
2. That believing a thing upon false evidence, or insufficient evidence, is not an insane delusion.
3. That an insane delusion is where a person conceives something extravagant to exist which has no existence, something which springs up spontaneously in the mind, and is not the result of evidence of any kind.
4. That mania does not *per se* vitiate any transaction, for the question is whether such transaction has been affected by it.
5. That belief in Spiritualism—that is, that the spirits of the dead can and do communicate with the living—is not an insane delusion.

The *Scotch Journal of Jurisprudence*, in commenting on the case says :

The will was upheld—rightly so, as we think. Wordsworth was a shallow reasoner when he wrote,—

“ I look for ghosts, but none will force
Their way to me. ’Twas falsely said
That ever there was intercourse
Between the living and the dead ;”

which just comes to this : I never communed with a spirit, therefore, nobody else ever did. In the present state of human knowledge, it would be monstrous to hold the impossibility of such an experience as a fact so firmly established that a belief in its occurrence is an insane delusion. In the case in point, indeed, there was strong evidence of the reality of the supernatural persuasion, for, if married men are to be believed, representations in favor of the mother-in-law, are just what were to be looked for from the spirit of a deceased spouse, and no one, except under the influence of such representations, would have made a will in favour of his mother-in-law. Indeed, the wrong ground of challenge seems to have been chosen, for to make a will in favour of one’s mother-in-law, even in obedience to the entreaties of a deceased wife, would be held by many to argue a want of testamentary capacity

We look at this question from a different standpoint. If a testator should be controlled in the disposition of his estate, by what he believed to be the spirit of a deceased wife, communicated through a medium, it would be the duty of the court to carefully investigate the "medium."

Supposing the medium or her family took the benefit of the legacies. The element of fraud and of undue influence would or might interfere.

The 3d and 4th propositions of the learned Judge should be more carefully considered. We do not like this judicial definition of an insane delusion. It is very difficult to decide where mania is conceded, how far and to what extent the transaction, or the action, has been dominated by it.

Most people and judges, would consider such a mandate from a departed wife as a fraud. Most would call it a delusion. It may not be an insane delusion, but we all shrink from conceding that a mind thus influenced and dominated, is a free agent, and all now suspect, both fraud and undue influence.

Such a mind cannot be well styled as "of free and disposing mind and memory."

ASSISTANT MEDICAL OFFICERS IN ASYLUMS.

In 1888, the British Medico Psychological Association, appointed Drs. Dodds, Strahan and Greenlees a committee upon this subject. Their report was made to that body one year later, in November, 1889. We have not space for the document, but we submit their conclusions as published in the January, 1890, number of the *Journal of Mental Science*.

And now to sum up our points, they are these :—

1. That it is in opposition to the best interests of the insane and of

mental science that more of our asylums should be enlarged beyond, say, 700 to 800 beds.

2. That the medical staffs of asylums generally require strengthening by the appointment of junior assistants and clinical clerks.

3. That the senior Assistant Medical Officer should be given a recognized position as responsible physician under the Superintendent.

4. That arrangements should be made in all large asylums whereby the senior assistant need not remain a single man unless he choose.

5. That the salary of the senior assistant should increase with length of service on something like the scale at present in force in the army, instead of remaining for ever fixed, as is at present too frequently the case.

MEDICAL MEN IN CHARGE OF PRIVATE ASYLUMS.

The State Board of Lunacy of New York have adopted the following resolution :

Resolved, that hereafter no license for the establishment and keeping of an asylum or institution for the care, treatment or custody of the insane or persons of unsound mind, for compensation or hire, shall be granted, except to a duly qualified medical practitioner of recognized professional skill and standing, who is a graduate of a legally incorporated medical college and has had actual experience in the care and treatment of the insane.

A medical man should be responsible for the administration of every asylum for the insane, or rather a man skilled in such affairs. We know many medical men wholly unfit and incompetent to manage an insane asylum. We realize the importance of having a competent medical man to be responsible for the proper care and treatment of the insane, in an institution. I should prefer the Earl of Shaftesbury to be the keeper of a private asylum with a good medical man as consulting or visiting physician, rather than see half the physicians we meet, who are incompetent to manage an asylum, placed at the head of one, simply because they were M.D's.

The resolution is timely, because it will stop incompetent and improper persons opening private asylums. The Board will be likely to ask something more of an applicant as to his qualifications, than merely whether

he holds a diploma as a physician from some medical college.

The British system of competitive examinations, for the certificate as qualified to treat the insane, would be a still higher and more valuable step.

INSANITY AS A DEFENCE IN PENNSYLVANIA.

George S. Graham, LL.D., the able and accomplished District Attorney of Philadelphia, has contributed a very important and interesting paper to the compendium of the Lunacy Laws of that State under the above heading published by the Committee on Lunacy of the Pennsylvania State Board.

He cites the decisions and dicta of the Judges of Pennsylvania in the two great and leading cases, those of Taylor and of Sayre, and his review of the legal questions as decided in the Courts of Pennsylvania are valuable contributions to the legal student, of the law of that State.

There is a strong bias in his paper against medical expert testimony, that we regret to see, in one so learned, able and conscientious, and which we feel is most unjust to medical men and medical experts especially.

Mr. Graham assumes that medical men are subject to criticism regarding a particular case, which he thus characterizes.

“To secure the acquittal of the prisoner seems to be the paramount purpose.” While this may be true of one expert in an isolated case, it is not the position of medical men in general, and it is only just to say, would be so only in rare and exceptional cases.

We quite agree with Mr. Graham, in deprecating the

practice of permitting young and inexperienced medical men to testify as experts in cases of homicide.

Medical men *per se* are not *experts per se*. Very far from it, and the courts would so hold, if the point was taken and pressed. Three important faults underlie the assumed premises, of the position taken as to insanity and responsibility in this otherwise admirable paper.

1. There is a difference between an insane delusion which dominates and controls the action of an insane person, and a mere delusion which affects the sane or the insane mind similarly.

Both sane and insane minds may rest under delusions, but whether the insane delusion, be of such a character as to dominate the will and action of the accused, *in reference to the act*, is the crucial test of criminal responsibility.

2. No amount of moral degeneration, or vice, which has become unresisted or irresistible ever excuses crime. The second-nature criminal may have irresistible impulses to steal, rob and commit crime. The light of science shines upon the path and clearly marks the boundary line of crime and vice in him, who dominated by an insane delusion, which controls the conduct and dominates the will, commits an act which lacks all the essential elements of crime. Chief Justice Gibson states the law correctly when he says in *Commonwealth vs. Mosler*, 4 Barr. 266. "It (insanity) must amount to delusion or hallucination controlling his will, and making the commission of the act a duty of overruling necessity," and again: "The law is that whether insanity be general or partial it must be so great as to have controlled the will of its subject, and to have taken from him the freedom of moral action."

There is hardly room for fear that conscientious med.

ical men should fail to discriminate between "human depravity," and that disease of the brain, which leaves to the experienced student of mental medicine, scarcely room for doubt of its existence, when studied carefully by both its symptoms and its manifestations.

3. The real, the profound error of the learned District Attorney is in his erroneous view of insanity itself. Is it an actual disease of the brain capable of being recognized, traced, treated, cured even? we quote Mr. Graham :

In view of all these differences, and difficulties, it is not surprising that judges everywhere, with wonderful unanimity, while recognizing insanity as a defence, have narrowed the inquiry to the one point of "responsibility."

The question is not one of insanity, but of responsibility. Men may be insane in a medical sense and yet responsible in a legal sense. They may entertain delusions, have impulses to commit crimes, and be what are commonly called cranks, or peculiar people ; and yet, possessed of intelligence enough to distinguish right from wrong and able to restrain themselves, be liable to the penalties of broken laws. "When the state of a prisoner's mind at the time of the commission of a given offence is the point at issue, it is only to ascertain and settle the question of his responsibility or irresponsibility.

Medical men differ widely from lawyers in the views which they take upon this question of responsibility, or the "right and wrong" test. The former protest against what they are pleased to term the unjust criterion of responsibility sanctioned by law ; while the latter protest against the fanciful theories of medical men who seldom fail to find insanity when they earnestly look for it.

and again :

The question of insanity, using this term in its popular sense, is a mixed question of law and fact.

While experts may be called to testify as to the states of mind and conditions of health, it is for the courts to declare whether such states and conditions constitute irresponsibility, ss. 190, 191, 192 and 193, vol. 1 of Wharton & Stille's Med. Jur.

Upon reason and authority which space will not permit to be discussed here, this must ever be the rule.

With all respect and deference to this very high authority, here lie the real faults of this, otherwise admirable paper. Whether the disease exists, its nature,

manifestations, character, sequela, is not a question of law. It is not a mixed question of law and of fact. It is pure and simple a question of fact, to be determined like any other question of fact, upon the evidence by the jury. Upon this question, only entirely competent and skilled experts, should be allowed to testify, except as to actual positive facts, concerning which all witnesses are competent.

The knowledge of right and wrong, either in the abstract, or in regard to the act committed, knowledge of its character and consequences, even may exist, as in the case of Guiteau, and possibly, though not probably, in the case of Dr. Beach (at the moment of the killing), then even in the language of Judge Gibson, "If it (the insanity) was so great as to have controlled the will and taken from him the freedom of moral action," by the law of Pennsylvania the accused would not be responsible, and in cases of moral insanity under the law of that State, as announced by the court, Mr. Chief Justice Lewis pronouncing the opinion, "we say to you as the result of our reflections on this branch of the subject, that if the prisoner was actuated by an irresistible inclination to kill, and was utterly unable to control his will, or subjugate his intellect, and was not actuated by anger, jealousy, revenge and kindred evil passions, he is entitled to an acquittal."

It is time to consider insanity from the higher plane of the law, as announced by the Supreme Court of Alabama, in that masterly opinion written by Mr. Justice Somerville in *Parsons vs. the State*, holding that the right and wrong test as commonly construed upon the dicta of the English judges, was not the safe rule of determining the criminal responsibility of the insane, reaffirming the strong, powerful, and to this moment, the

unanswerable argument, of Mr. Chief Justice Doe, voicing the decision of the Supreme Court of New Hampshire, more than two decades ago, against the reason and justice of such a rule, which has found responses in the judicial utterances of Pennsylvania and Kentucky, and other States, and later in Michigan, where it is recognized as a legal proposition, that insanity is a disease, the existence and character of which must be determined as a fact in legal tribunals passing upon the responsibility of the insane who commit homicides.

DEFINITIONS OF INSANITY AND LEGAL TESTS OF RESPONSIBILITY.

Judge Ludlow, (Pennsylvania Supreme Court in Taylor's case.)

"The defense then, in this case, is that the prisoner, at the time of the commission of this offence, was not an accountable being. If this allegation is true, it would be monstrous to punish him, and therefore we find the law to be, that if one charged with the commission of crime is so entirely devoid of understanding as to be either an idiot or a madman, he is thereby acquitted of all guilt—he is not criminally responsible to the offended majesty of the law, but becomes at once rather an object of pity than the subject of punishment.

It is unnecessary for me to say to you, that we will be obliged to investigate a most delicate and dangerous subject; nevertheless, we will endeavor to lay down such rules and tests as will enable you to arrive at a satisfactory conclusion. If the prisoner at the bar, at the time he committed the act, had not sufficient capacity to know whether his act was right or wrong, and whether it was contrary to law, he is not responsible; that is in fact general insanity, so far as the act in question is concerned and it must be so great in extent and degree, as to blind him to the natural consequences of his moral duty, and he must have utterly destroyed his perceptions of right and wrong.

The test in this instance, as you perceive, is *the power or capacity of the prisoner to distinguish between right and wrong in reference to the particular act in question*: For although a man may be sane upon every other subject, yet, if he be *mad*, to use an expressive phrase, upon this subject, and so far as the act under immediate investigation is concerned, he thereby loses that control of his mental powers which render him a responsible being. The test just suggested has been adopted by the judges of England and by the courts of our own State, and is too well settled to be shaken." (Sayres v. Commonwealth, 7 Norris, page 298.)

"But suppose that the prisoner was able to distinguish between right

and wrong, and yet was laboring under partial insanity, hallucination, or delusion, which drove him to the commission of the act as a duty of overwhelming necessity, is he in such cases responsible for his act ?

“If the delusion were of such a nature to induce the prisoner to believe in the real existence of facts which were entirely imaginary, but which, if true, would have been a good defence, he would not be responsible. We however desire at this stage of our remarks to refer rather to other delusions than the class thus spoken of, reserving for future consideration our remarks on this branch of the subject. That partial insanity, hallucination, or delusion, coupled with the power of discriminating between right and wrong, is an excuse for crime, was held in the charge of Chief Justice Gibson, in *Commonwealth v. Mosler*, 4 Barr, 266, where the Chief Justice says : “It (insanity) must amount to delusion or hallucination, controlling his will, and making the commission or the act a duty of overruling necessity.” And again, he says : “The law is, that whether insanity be general or partial, it must be so great as to have controlled the will of its subject, and to have taken from him the freedom of moral action.”

We cannot, however, leave this branch of the subject to doubt or uncertainty, and our conclusion is, after a somewhat extended investigation of the law, that the proper rule to be adopted on this point is the following :

If the prisoner, although he labors under partial insanity, hallucination or delusion, did understand the nature and character of his acts, had a knowledge that it was wrong and criminal, and mental power sufficient to apply that knowledge to his own case, and knew if he did the act he would do wrong and would receive punishment ; if, further, he had sufficient power or memory to recollect the relation in which he stood to others and others stood to him, that the act in question was contrary to the plain dictates of justice and right, injurious to others and a violation of the dictates of duty he would be responsible. A man must therefore labor under something more than “a mere moral obliquity of perception,” and “a man whose mind squints unless impelled to crime by this very mental obliquity, is as much amenable to punishment as one whose eye squints.”

Chief Justice Lewis, Pennsylvania Supreme Court.
(*Sayres vs. Commonwealth.*)

“Moral insanity ‘bears a striking resemblance to vice,’ and further, ‘it ought never to be admitted as a defence, until it is shown that these propensities exist in such violence as to subjugate the intellect, control the will and render it impossible for the party to do otherwise than yield.’ And again, ‘this state of mind is not to be presumed without evidence, nor does it usually occur without some premonitory symptoms indicating its approach.’”

“We say to you, as the result of our reflections on this branch of the subject, that if the prisoner was actuated by an irresistible inclination to kill, and was utterly unable to control his will or subjugate his intellect, and was not actuated by anger, jealousy, revenge and kindred evil passions, he is entitled to an acquittal.”

Chief Justice Mercur, Supreme Court of Pennsylvania.
(Taylor vs. The Commonwealth.)

"The question of the degree or extent of unsoundness of mind necessary to acquit one who has committed a homicide, has so often been considered that certain rules of law applicable thereto must be regarded as well settled. Among them may be stated—

1. Moral insanity is not sufficient to constitute a defense, unless it be shown that the propensities in question exist to such an extent, as to subjugate the intellect, control the will, and render it impossible for the person to do otherwise than yield thereto.

2. No mere moral obliquity of perception, will protect a person from punishment for his deliberate act. The jury should be satisfied with reference to the act in question, that his reason, conscience, and judgment were so entirely perverted, as to render the commission thereof a duty of overwhelming necessity.

3. Another species of delusion is this: If the prisoner commits the act under a fixed *bona fide* belief which is a delusion, that certain facts existed which were wholly imaginary, but which, if true, would have been a good defense, and the jury are satisfied that such delusion clearly existed, it will entitle the prisoner to an acquittal. *Sayres v. Commonwealth*, 7 Norris. 291.

While a slight departure from a well-balanced mind may be pronounced insanity in medical science, yet such a rule cannot be recognized in the administration of the law when a person is on trial for the commission of a high crime. The just and necessary protection of society requires the recognition of a rule which demands a greater degree of insanity to exempt from punishment.

G. Fielding Blandford, M. D.

"The disorder we call insanity is a mystery not yet unravelled. Can we define it?"

"To define true madness."

"What is it but to be nothing else than mad?"

"In truth its appearance without assignable cause in a man hitherto sane, and its no less inscrutable departure, are things we must confess are not yet explicable by human knowledge."

"What then is meant by unsoundness of mind? The answer is that unsoundness of mind is but another term for disorder of the human brain, or rather that portion of nerve matter which it has for its function, that which we call mind and mental operation."

THE INTERNATIONAL CONGRESS OF MEDICAL JURISPRUDENCE AND 1892.

The roll of the Congress is steadily increasing; names are coming in each mail from various countries.

We furnish the list of vice-presidents chosen by the Congress at the June session, and those that have been since selected under the power granted to the President of the Congress.

A circular letter has been prepared, which is now being sent, in the English, French and Spanish tongues.

One will be also prepared in the German language. Those already sent to Russia, Scandinavia and Italy have been in the English and French languages.

The following titles have been furnished for papers :

By Prof. Dr. Kowalewsky of Kharkoff, Russia.
“L'Epilepsie Psychique en Medicin Legale.”

Dr. Daniel Clark, Toronto, Canada. “The Legal and Medical Definitions in Respect to Insanity and Responsibility.”

Dr. Thos. G. Morton, Philadelphia, Pa., Chairman State Board of Lunacy, etc. “The Operation of the Lunacy Law of Pennsylvania.”

We shall be glad to announce the title of any papers sent us in advance for this Congress to be held in 1892.

We hope by June number of JOURNAL to complete and announce the selection of vice-presidents from most of the Spanish South American States, and from a large number of the British Colonies in this hemisphere.

The officers elected by the Congress, held June 4th to 7th, 1889, in New York, were as follows :

OFFICERS

PRESIDENT

Mr. CLARK BELL, Esq., of New York.

VICE-PRESIDENTS.

Chief Justice Sir John C. Allen, of New Brunswick.
 Chief Justice Edward F. Bermudez, of Louisiana.
 Gov. B. J. Biggs, of Delaware.
 Dr. Daniel Clark, of Toronto, Canada.
 Ex-Chief Justice Noah Davis, of N. Y.
 Dr. Edward J. Doering, of Illinois.
 Prof. John J. Elwell, of Ohio.
 Judge W. H. Francis, of North Dakota.
 Dr. W. W. Godding, of Washington, D. C.
 Dr. Eugene Grissom, of N. Carolina.
 Dr. Carl H. Horsch, of N. H.

Judge Locke E. Houston, of Miss.
 Dr. Charles H. Hughes, of Mo.
 Dr. W. W. Ireland, of Scotland.
 Prof. Robt. C. Kedzie, of Michigan.
 Dr. Norman Kerr, of England.
 Dr. Jules Morel, of Belgium.
 Dr. Jennie McCowen, of Iowa.
 Dr. Connolly Norman, of Ireland.
 Professor John J. Reese, of Pa.
 Dr. Bettencourt Rodrigues, of Portugal.
 Judge H. M. Somerville, of Ala.
 David Steward, Esq., of Maryland.
 Theo. H. Tyndale, Esq., of Mass.

The following additional Vice-Presidents have since been named by the President:

Prof. Brouardel, for France.
 Dr. Cyrus K. Bartlett, for Minn.
 Prof. Dr. Benedikt, for Austria.
 Mr. C. H. Blackburn, for Ohio.
 Judge Elisha Carpenter, of the Supreme Court, for Connecticut.
 Signor J. M. P. Cammano, Legation of the U. S. Washington, D. C., for Equador.
 Prof. Millen Coughtrey, for New Zealand.
 Dr. J. S. Dorsett, for Texas.
 Judge L. A. Emery, of the Supreme Court, for Maine.
 Dr. J. T. Eskridge, for Colorado.
 Dr. Enrico Ferri, for Italy.
 Dr. Simon Fitch, for Nova Scotia.
 Judge C. G. Garrison, of the Supreme Court, for New Jersey.
 Dr. Vicente de la Guardia, for Cuba.
 Prof. Axel Key, for Sweden.
 Dr. Herman Kornfeld, for Silesia.
 Prof. Dr. Kowalewsky, for Russia.
 Dr. Y. R. Le Monnier (Coroner), Louisiana.
 Prof. Dr. J. Maschka, for Bohemia.
 Judge Jas. H. Peters, of Supreme Court, for

Prince Edward's Island.
 Dr. H. K. Pusey, for Kentucky.
 Judge A. L. Palmer, of the Supreme Court, for New Brunswick.
 Hon. Hannibal Price, Minister to U. S., for Hayti.
 Dr. Thos. O. Powell, for Georgia.
 T. Crisp Poole, Esq., for Queensland Australia.
 Prof. Dr. Steenberg, for Denmark.
 Dr. Vlemenickx, for Belgium.
 Dr. Van Persyn, for Holland.
 Judge H. M. Somerville, of the Supreme Court, for Alabama.
 Senator Watson C. Squire, for Washington.
 Dr. George A. Tucker, for New South Wales.
 Prof. Dr. Alvarez-Talladriz, for Spain.
 Senator Andrea Verga, for Italy.
 Prof. Dr. L. Wille, for Switzerland.
 Dr. C. E. Wright, Supt. etc., for Indiana.
 Mr. Le Grand Young, for Utah.
 Signor F. C. C. Zegarra, Legation of the U. S.—Washington, D. C., for Peru.

SECRETARY.

MORITZ ELLINGER, Esq., of New York.

ASSISTANT SECRETARIES.

FRANK H. INGRAM, M.D., of New York.

WM. J. LEWIS, M.D., of Conn.

LUNACY LEGISLATION IN NEW YORK.

Several important subjects in Lunacy Legislation will be brought to the attention of the Legislature, and are already before it.

1. Very radical legislation proposed by the Board of Lunacy Commissioners amendments to the act creating that Board, some of which are good and some of doubtful propriety. The original act was faulty and needs amendment in important particulars, some of which are not noticed in the proposed legislation. A Committee has been named by the Medico-Legal Society to consider this subject, and the suggestions of that Commission and report.

2. The Lunacy Bill which passed the last legislature and which failed to receive the Governor's signature, is again pressed by its authors.

This Bill has been severely criticised in the medical press, and is so full of incongruities and faults, that it will doubtless fail as it did last year. It should not pass in its present form.

3. The old contest between State and County Care of the Insane is again renewed the present Session.

With the State Institutions crowded beyond their utmost capacity, it would seem ill advised now, to close such County Institutions as those of Broome, Cortland, Jefferson, Monroe, Oswego, Herkimer, Lexington and other counties where the county care is on a plane nearer those of the State Institutions, because of evils in other counties not as well provided for.

The proposed legislation exempts the County Institutions in New York, Kings and Munroe Counties. Not upon any principle involved, but because such legislation would be quite out of question, as to New York and Kings Counties.

We incline to the opinion that this Bill will meet the same fate as did last year's similar measure. Meanwhile, the local committees of the Medico-Legal Society are at work in many of the counties of the State, to elevate the county care, and meet the exigencies of the present law as the best thing to be done at the moment.

The Reports from Broome, Cortland, Livingston, Otsego and some other counties, would indicate that good work was being done, and the insane well cared for in many counties of the State.

The kindly and best care of the insane, should command our most profound sympathies. If evils exist in County Institutions, we should by all means seek to remedy them.

We may do much to lessen and mitigate these evils where they do exist. There are several remedies. We are not compelled to adopt the one idea of sending all to State Institutions, even if we had enough to send them all to. It is a great question. There are more insane persons in the State, under restraint outside of State Institutions than inside them, and there is scarcely a vacant place in the State Institutions at this moment.

Massachusetts is trying a plan, to place the insane in families in the country, not after the Belgian colony system at Gheel and Liernieux, nor after the Scotch system of boarding them out, nor after the German colony system, but upon a plan thought to be more in accord with the wants, needs, situation and training of Americans and New England Americans. The State officials say it is working well.

Perhaps a similar plan would work well in New York. Should it be tried? Should it be considered? Legislation may reach the evil in the County Institutions, where it exists. The proposed bill might not reach or remedy

it, as now proposed. The Legislative Committee is not the best tribunal in the world, to pass upon such measures. The members are crowded and overwhelmed with the mass of bills. Only a few men in the legislature have considered these problems. Those most competent to pass upon them, may not be upon the committees having these bills in charge.

The whole situation demands the ablest thought and work, of the best minds of the State. The practical solution would be to name a commission to revise the Lunacy Laws, as did Pennsylvania. Place men on it who would serve without compensation, except as secretary and clerks, and inside of two years a complete and harmonious working Lunacy System for the State could be submitted to the Legislature, combining the wisdom and experience of the ablest men of the State.

All important legislation can best be done by such commissions.

That was the course adopted in England, in France, in Italy, and everywhere that careful and enlightened lunacy legislation is secured.

The time is now ripe for such a commission, and it is the best practicable solution of our lunacy problem.

INCREASED ALCOHOLISM IN ENGLAND.

The London *Lancet* states that the gross increase in the National expenditure for drink in 1889 as over 1888, was £7,597,930, distributed as follows: British spirits, £1,219,758; on Foreign and Colonial spirits, £521,732; on beer, £5,265,572, and on wine, £592,868.

ELECTRICITY IN ITS LEGAL AND MEDICO-LEGAL RELATIONS.

The proper regulation of electricity, in the matter of the telegraph, the telephone, electric lighting and electricity as a force in mechanics or motors, is a subject

now pressing its claim upon public attention, due to the wonderful growth and progress of electrical invention in the last decade, or semi-decade.

All these subjects require legislation, either by municipal regulation or by State enactments based upon

- 1 The danger of injury to life—and
2. That of injury to property, and notably by fire.

These are now important subjects of investigation by the Senate Committee lately in session in the city of New York, and they are matters of profound interest to the city of New York, and other great cities, placed in the anomalous position in which the metropolis is now situated by the destruction, by the city authorities, under the panic created by the painful deaths recently occurring in our midst, of one-quarter of the mileage of wires, and seven-tenths of the arc lights so necessary under our civilization, to life in a great metropolis.

3. The question of this energy, as the agent and means of executing criminals under existing laws, and the relation of electricity to health, disease, and offenses against the laws, arrest our attention.

A committee has been named by the Medico-Legal Society to take these subjects under consideration, and no more important field of scientific research and inquiry has ever come before the body.

HYPNOTISM.

The public attention and interest in this subject is reflected in scientific circles abroad. Very little attention has hitherto been given to it here. A new committee has been named of those who have given and will give the subject attention. This committee will perhaps be enlarged. It will devote some months to scientific research and inquiry, and we hope will make an important report before the close of the year.

Personal.

Prof. Dr. Lacassagne, of Lyons, France, has been elected an honorary member of the Society of Mental Medicine of Belgium.

Dr. Enrico Ferri, of Italy, has been tendered the Chair of Criminal Law by the Faculty of Law at Pisa, as successor of Sig. Carrasa.

Prof. Dr. P. Pellacani has been chosen Professor of Medical Jurisprudence at the ancient University of Bologna, Italy.

Doctor Coutagne, of Lyons, has been elected a corresponding member of the Belgian Society of Mental Medicine.

Clark Bell, Esq., has been elected a corresponding member of the Russian Society of Psychiatry at St. Petersburg, Russia.

He was also elected a corresponding member of the Portuguese Neurological Society, at Lisbon at a recent session.

W. W. Godding, M.D.—*The American Journal of Insanity*, July number, 1890, published the portrait of this distinguished alienist, and a Vice-President of the Medico-Legal Society.

Dr. Horace Wardner.—We learn with regret that Dr. Wardner has resigned as Superintendent of the Southern Illinois Hospital for Insane. We understand that this resignation was of a political character. Dr. Wardner was entirely satisfactory to the Board of Trustees, but not to the Governor of the State.

Dr. Henry M. Hurd has been appointed Professor of Psychiatry in the Johns Hopkins University, at Baltimore, Md.

Dr. A. R. Moulton has been appointed Superintendent

of Willard Asylum, at Willard, N. Y., vice Dr. P. M. Wise, resigned.

Dr. P. M. Wise, who resigned the Superintendency of the Asylum for Chronic Insane, at Willard, has been appointed Superintendent of the new State Asylum at Ogdensburg, N. Y.

A. P. Williamson, M.D., has been appointed Superintendent of the Third Hospital for Insane, at Fergus Falls, Minn.

PRIZES FOR ESSAYS ON MEDICO-LEGAL SUBJECTS.

THE MEDICO-LEGAL SOCIETY of New York announces the following prizes for original essays on any subject within the domain of medical jurisprudence or Forensic Medicine :

1. For the best essay—ONE HUNDRED DOLLARS.
2. For the second best essay—FIFTY DOLLARS.

The prizes to be awarded by a commission, to be named by the President of the Society, which will be hereafter announced.

Competition will be limited to active, honorary and corresponding members of the Society and enrolled members of the International Medico-Legal Congress of Medical Jurisprudence at the time the award is made.

It is intended to make these prizes open to all students of Forensic Medicine throughout the world, as all competitors may apply for membership in the Society, which now has active members in most of the American States, in Canada, and in many foreign countries.

All details of the award will be determined by the Executive Committee of the Medico-Legal Society of New York.

The papers must be sent to the President of the Medico-Legal Society of New York, on or before April 1, 1891,

or deposited in the Post Office, where the competitor resides, on or before that day.

The name of the author of any paper will not be communicated to the Committee awarding the prizes.

All persons desiring to compete for these prizes will please forward their names and addresses to the President or Secretary of the Medico-Legal Society of New York.

In case the essay is written in a foreign tongue, it should be accompanied by a translation into the English language, but this is not imperative.

The Committee of Award to consider the merits of each essay, independent of their opinions of the author's views.

It is hoped that all our members, whether active, honorary or corresponding, and members of the International Congress will take an interest in this effort to stimulate scientific inquiry and research in questions relating to medical jurisprudence.

Scientific societies in all countries are invited to lay this announcement before their members, and the co-operation of the legal, medical and public press is respectfully solicited in bringing the subject to public attention.

CLARK BELL, *President,*

57 Broadway, N. Y. City.

MORITZ ELLINGER, *Corresponding Secretary,*

Office of the Surrogate, N. Y. City.

RECENT LEGAL DECISIONS.

Lunatic—A lady, a lunatic not so found by inquisition, had certain property of her own which produced a small income. Her brother A. B., placed her in an asylum at a cost of £140 a year, being more than the lunatic's private income. A. B. died, and his son C. D., and other members of the family, continued the maintenance of the lunatic at this sum. On the death of the lunatic, C. D. claimed to be allowed the extra expenses out of the estate, but the Chief Clerk disallowed the claim. C. D. then took out a summons to vary the Chief Clerk's certificate by allowing this extra expense, on the ground that it was a necessary for the lunatic. *Held*, that it was not proved that the placing of the lunatic in this expensive asylum was a necessary. *Held*, therefore, that the application must be dismissed, with costs.—*Re Rhodes ; Rhodes v. Rhodes*, Ch. Div. (Kay, J.), 27 November, 1889.

Women and the Bar in Belgium.—The Belgian Court of Cassation affirmed the judgment of the lower court in *Re Mlle. Popelin*—denying women the right to plead.

English Lunacy Act.—In *Freeman vs. Staples*, an application was made to the High Court of Justice to stay proceedings in a suit brought by a gentleman against a physician, who had under the order of a stipendiary magistrate of one of the metropolitan police courts, made before the passage of the new act, entered the defendant's house and made the examination by authority of the order to determine the mental state of the plaintiff.

The physician found that the party was *not* of unsound mind and plaintiff sued for damages.

Their Lordships were of the opinion that the medical defendant came within the protection of the Lunacy Act of 1889, and gave judgment staying the proceedings in the suit.

Electricity and the Death Penalty.—The Court of Appeals of the State of New York, as we go to press, have decided the Act providing for the Execution of Criminals by the Electric Current to be constitutional, upon the appeal taken in *Kemmler's* case.

There are now five murderers condemned to be executed by this method in the State of New York for homicides committed since the law went into effect.

TRANSACTIONS.

MEDICO-LEGAL SOCIETY.

JUNE 8TH, 1889.

At the meeting of June 8th, 1889, the following members of the Medico-Legal Society were elected by the Executive Committee, under the authority of the Society and with its approval.

By an oversight or accident, these names were not announced in the September number of the Journal, and are now announced.

M. H. Cazier, M.D., Burlingame, Kansas; Prof. Formad, University of Pa., Phila.; J. Murray Mitchell, Esq., 41 Wall St., City; John W. Houston, Esq., 37 East 50th St.; Chas. J. Carrick, Esq., Jersey City, N. J.; Hon. B. T. Biggs, Governor, State of Delaware; S. M. James, Esq., 234 B'way, N. Y.; Wm. Todd Helmuth, M.D., 180 West 59th St., N. Y.; Ralph W. Pope, Esq., 5 Beekman St., N.Y.; Henry B. Gagley, Esq., 147 West 45th, St., N. Y.; Geo. M. Phelps, Esq., 11 Wall St., N. Y.; J. Willoughby Phillips, M.D., Supt. Burn Brae, Clifton Heights, Pa.; J. P. Kerlin, Esq., 7 Beekman St., N. Y.; Otto A. Moses, Esq., 131 East 73rd, St., N. Y.; Dr. S. H. Harris, Supt. New Jersey State Asylum, Morris Plains, N. J.; Hon. Geo. A. Halsey, Pres. Board of Trustees, New Jersey State Asylum, Newark, N. J.; C. M. Hay, M. D., Assistant Physician, State Insane Asylum, Morris Plains, N. J.; W. B. Spratling, M.D., Assistant Physician, State Insane Asylum, Morris Plains, N. J.; Hubbard W. Mitchell, M.D., 747 Madison Ave., N. Y.; Ernest Dykeman, Esq., N. Y. City; Geo. W. Taylor,

Esq., Demopolis, Ala.; J. F. Miller, M.D., Supt. North Carolina State Asylum, Goldsboro, N. C.; Jas. S. Morse, Esq., 234 Broadway, N. Y. City; Robert M. Boyd, Esq., 111 Broadway, N. Y. City.

CORRESPONDING MEMBERS.

Dr. Maurice Langier, Vice-President Medico-Legal Society of France, Rue de Clinchy 14, Paris; M. Demange, Vice-President Medico-Legal Society of France; Dr. Marcel Briant, Med. Supt. Asylum Villezneuf, (Seine) France; Dr. Riant, Prof. of Hygiene a la Ecole Normale de Seine, Fauborg St., Honoré, 133 Paris, France.

HONORARY MEMBERS.

Dr. Louis Penard, Ex-President Medico-Legal Society, France, and Honorary Member of French Society, Rue Colbert 3, Versailles, France.

JANUARY MEETING.

PRESIDENCY OF CLARK BELL, ESQ.

January 8, 1890. Society met at Hotel Buckingham. In the absence of the Secretaries, Wm. H. McIntyre was chosen Secretary pro tem.

The minutes of the December meeting were read and approved.

The following gentlemen were, on the nomination of the President and recommendation of the Executive Committee, elected:

CORRESPONDING MEMBERS.

M. Hemar, Ex-President Medico-Legal Society of France, Rue du Faubourg Poissonniers, 52; Advocate of the Court of Appeals of France, Dr. G. Luys, Rue de l'Université, 8, Paris; Alfred Moreau, Advocate Court of Appeals, Brussels; Paul Berillon, Head of the Depart-

ment of Identification of Criminals, Palace of Justice, Paris, France; Dr. Paul Garnier, Paris, France; Prof. Ozier, Chief of the Toxicological Laboratory, Paris, France; M. Daned, Advocate of the Court of Appeals, Paris, France; M. Bornaston, Procureur de la Republique, Paris, France; Dr. Vicerto de la Guardia, Calla de Cuba, No. 44, Havana, Cuba.

The resignation of Mr. Benno Loewy, as Librarian, and of Mr. Wm. G. Davies, member of the Board of Trustees, who were elected at December meeting, was submitted and, on motion, accepted.

By unanimous consent the rule was suspended, requiring elections to fill vacancies to stand over for one month, and the Society proceeded to an election to fill these vacancies.

On balloting, John H. Watson, Esq., was elected Trustee, vice Wm. G. Davies, resigned, and Dr. Matthew D. Field was elected Librarian, vice Benno Loewy, Esq., resigned. The officers elected at the annual meeting, and this evening, were then duly installed.

The President elect, CLARK BELL, Esq., then pronounced his Tenth Inaugural Address as President, which was received with applause.

On motion, the recommendations of the address were approved, and the Chair authorized to reorganize and appoint the committees to carry same into effect.

"Delirium Tremens as a Defense to Criminality," a paper by T. Crisp Poole, Esq., Barrister-at-law of Brisbane, Queensland, was then read by title.

The Chair asked for further time to announce the Standing Committees for the year, the Select Committees on Electricity, and the County Care of the Insane in the several Counties where committees had not been named, granted.

The Chair announced the appointment of Jas. W. Russell, Esq., of Albany, on the General Committee on Care of the Insane in County Institutions. Mr. Ellinger, Dr. Emily Kempin, and Albert Bach, were named as Auditors of the late Treasurer's Accounts.

W. H. McINTYRE,
Secretary, pro tem.

FEBRUARY MEETING.

PRESIDENCY OF CLARK BELL, ESQ.

February 12, 1890. Hotel Buckingham—Minutes of January meeting read and approved.

The following persons were elected, on recommendation of Executive Committee :

ACTIVE MEMBERS.

Proposed by President BELL: E. A. Snow, Esq., East Boston, Mass.; Albert T. Graeffe, Esq., 35 Pine street, N. Y.; T. M. Thorndyke, M.D., Arcadia, La.; H. C. Underhill, Esq., 150 E. 23d street, N. Y.; Franklin Pierce, Esq., Homer, N. Y.; Prof. T. P. Eskridge, M.D., Denver, Colorado.

Proposed by Judge Somerville of Ala.—Hon. E. T. Tallafierro of Birmingham, Ala.

Proposed by Hon. Geo. A. Halsey of N. J.—Dr. Jas. T. Green of Newark, N. J.

The first paper of the evening on "The Importance of Distinguishing between Somatic and Molecular Death," by Prof. Harrison Mettler of Philadelphia, Pa., was read, in the absence of the author, by ex-Coroner M. Ellinger, and was discussed by Prof. H. A. Mott, Jr., Moritz Ellinger, Dr. Fred Peterson, and President CLARK BELL." Letters upon the subject of "Imbibition of

Poisons" were read from Prof. R. C. Kedzie, of Mich., and Prof. F. C. Robinson, of Maine.

Mr. E. W. Chamberlain, from the Committee "On Sexual Causes of Crime," made an extended Report, accompanied with voluminous correspondence from various sources, received in reply to the Circular-letter sent out by the Committee. The Report was received.

On motion of Ex-Coroner Ellinger, it was

Resolved, That the Committee of which Mr. Chamberlain is Chairman be requested to prepare for publication an abstract of the Report made this evening, and that the Committee be requested to continue its labor upon this interesting question, and the Chair have power to add to that Committee.

The Chair laid before the body the Report of the State Board of Lunacy Commissioners, recommending important changes in the Lunacy Statutes of New York, and recommended action by the body.

On motion of Dr. Fred Peterson it was moved that a committee be named by the Chair to consider that Report, and recommendation and Report.

The Chair named as such Committee Dr. Fred Peterson, Dr. S. Tucker Clark, Dr. Samuel Wesley Smith, Dr. Matt. D. Field, Judge A. J. Dittenhoefer, Dr. G. F. M. Bond and Mr. Nelson Smith.

The Chair laid before the body a communication addressed to him as member of the International Commission named by the Antwerp Congress of 1885, regarding Classification of Insanity as a Basis for International Statistics of the Insane, by the Society of Mental Medicine of Belgium, reciting the action of the Paris Congress of August, 1889, upon that subject, the action of the Belgian Society, and asking for action on the part of the American International Commissioner. President Bell

stated that he desired the advice of eminent American Alienists and preferred it under the sanction and authority of the Society.

On motion, it was

Resolved, That the Chair have the authority of the Society to name a committee to co-operate with him as an Advisory Committee.

The Chair named as such Committee W. W. Godding, M.D., of Washington, D. C., Pliny Earle, M.D., of Mass., Henry P. Stearns, M.D., of Hartford, Conn., Walter Channing, M.D., of Brookline, Mass., W. B. Fletcher, of Indiana, P. Brice, M.D., of Ala., P. M. Wise, M.D., of N. Y., Selden H. Talcott, M.D., of N. Y., C. H. Hughes, M.D., of St. Louis, J. S. Dorsett, M.D., of Texas, L. G. Perkins, M.D., of La., Frederick Peterson, M.D., of N. Y., Theodore H. Keillogg, Asst.-Superintendent, of Poughkeepsie, N. Y., and Alice Bennett, M.D., of Pa.

The Committee on County Care of the Insane in county institutions, reported progress announcing that the organization of Committees in the several counties was progressing favorably, and that men and women of the highest position in the State were co-operating with the Chair in his duties and in the work of the Committee in those counties where the Committees have been formed.

The Resolutions adopted at the International Medico-Legal Congress held in June, 1889, were read; regarding the teaching of medical jurisprudence in the schools of learning in both professions. After general discussion it was, on the suggestion of President Bell, unanimously

“Resolved, That the action of the International Congress of Medical Jurisprudence, upon the propriety and necessity of a Chair of Forensic Medicine in the Law and Medical Schools of this Country be approved, and that the Secretary communicate that action and this approval,

to the Faculty of the Law and Medical Schools of this Country and to all Colleges or Universities, where Law and Medicine are taught, as well as to the State and National Medical Societies and Bar Associations of the United States and the Canadas."

The Resolution of the American International Congress of Medical Jurisprudence was as follows:

"Resolved, That in the opinion of this Medico-Legal Congress, not only should the subject of Medical Jurisprudence be recognized in the various institutions of learning, but in the Medical and Law Schools of this Country; that such schools should include such a course in its curriculum of studies, and that examination on this subject be made necessary for graduation in either medicine or law."

"Resolved, That it would add to the interest, dignity and benefit of the Legal and Medical professions if every National and State Medical Society, and every National and State Bar Association in the United States should appoint a Standing Committee upon Medical Jurisprudence."

The Chair announced that the Committee on Prize Essays for the competition which closed December 1st last, would shortly be announced.

The President, calling Dr. Peet to the Chair, made remarks upon the life and public career of Joseph P. J. Joachimsen, late of the city court.

Mr. Bell said, "The late Judge Joachimsen was one of the older members of the body who had always taken an interest in its labors and success. He was born in 1817, in Breslau, Germany, but had lived nearly all his life in this country. He studied his profession with the late John McKeon, and when the latter was made United States District Attorney, was made his assistant. In the war of the Rebellion he served as Lieutenant-Colonel of the 59th New York. He was elected to the Bench of the City Court in 1870. He was a prominent member of the Democratic party. During the later years of his useful life he took an active interest in charitable institu-

tions, prominent among which were "*The Home for the Infirm Hebrews*" and "*The Hebrew Sheltering Arms Society*."

Of graceful manners, pleasing address, he was a man of large influence, great perseverance and application, and the Society sustains a loss in Judge Joachimsen which it gives me a sincere pleasure to acknowledge and recognize in this manner."

On motion a committee was ordered to take appropriate action.

The Chair named as such committee M. Ellinger, Dr. Milne and Dr. Baner.

The Society adjourned.

EMILY KEMPIN,
Secretary.

We append a translation of the communication from the Belgium Society.

SOCIETY OF MENTAL MEDICINE OF BELGIUM. }
GHENT, October 28, 1889. }

CLARK BELL, ESQ.

Honored Colleague—We have the honor to transmit herewith a copy of the report made by the several members of the International Commission designated by the Antwerp Congress of 1885 on the subject of the best Classification of Insanity as a Basis for International Statistics of the Insane.

The Congress held in Paris last August has adopted the classification for statistical purposes, recommended to that body by the Society of Mental Medicine of Belgium. The future and the progress of the Science of Psychiatry will show what modifications or changes should be made in this basis. At all events, the Society of Mental Medicine of Belgium, at the Session of October 26, 1889, decided to continue the work of the Antwerp Congress, and we beg of you in your position as delegate and member of the International Commission, to bring to the notice of the eminent Alienists of your country,

the action taken at the last Congress, and to take the necessary steps to continue the work by means of the statistical tables.

We at the same time remind you that the International delegates from Great Britain, and from Russia, insist upon including in the statistics the causes of mental disease. The Society of Mental Medicine of Belgium yields to this view, being convinced that the ætiological value of the statistics will be thus greatly enhanced for the use of the world.

The management of this Society hope, that you will not hesitate to continue the labor that was confided to you, and that you will advise us at an early day, of any suggestions or modifications that the American Alienists may have to make in the proposed plan of the statistics.

We shall collect all suggestions of proposed modifications, received from the various delegates named by the Antwerp Congress, and prepare a new report to be submitted to the next International Congress of Mental Medicine.

You will be the best judge of the most favorable opportunity of presenting the action of the Paris Congress, for the approval of the Alienists of your country.

Receive, Sir and Honored Colleague, the assurance of our high consideration.

Signed by the Secretary,

JULES MOREL.

MARCH MEETING.

March 12, 1890. Society met at Hotel Buckingham, 2d Vice-President, Albert Bach, Esq., presided in the absence of President Clark Bell who was prevented from attending the meeting by unavoidable absence from the city.

The following persons were elected active members, proposed by President Bell on recommendation of the Executive Committee.

ACTIVE MEMBERS.

Judge Elisha Carpenter, Judge Supreme Court, Hartford, Conn.; Judge James H. Peters, Supreme Court, Charlottetown, Prince Edward's Island; Dr. Robert Funkhouser, 2650 Olive Street, St. Louis, Mo.; Wilson MacDonald, Esq., 160 W. 133d Street, N. Y.; E. Morgan, Jr., M.D., Riverside Sanitarium, Tarrytown, N. Y.; Richard A. Springs, Esq., 55 Liberty Street, N. Y.; Daniel L. Gibbens, Esq., The Alpine, Thirty-third Street and Broadway, N. Y.; Schuyler S. Wheeler, Esq., Board of Subway Commission, City; Wm. Maver, Jr., Esq., 31 Nassau Street.

Proposed by Roger Foster. Abraham Nelson, Esq., 261 Broadway.

CORRESPONDING MEMBERS.

Proposed by Clark Bell, Esq. Prof. Dr. Stiénon, of the University of Brussels, Brussels, Belgium; Dr. Camille Moreau, Secretary Medico-Legal Society of Belgium, Charleroi, Belgium; Dr. Giraud, Director Laboratory Municipal, Paris, France; Dr. Le Blond, Paris, France; Judge, d'Instruction Adolphe Guillote, Tribunal du Seine, Paris.

A paper was read by Henry S. Drayton, M.D., of New York, on "Education vs. Hereditary Criminality," etc., which was discussed by Dr. Fred. Peterson, Dr. Lucy M. Hall, Dr. Quimby, Dr. Tuttle, Dr. Emily Kempin, Mr. Albert Bach and Dr. Allen.

The Society adjourned.

EMILY KEMPIN,
Secretary.

MEDICO-LEGAL SOCIETY.

The Society at its January meeting having approved of the recommendations made by the President in his Inaugural Address, and directed the organization of Committees to carry the same into effect, the following Committees appointed by the President, are announced to the Society :

ON PUBLICATION OF SERIES 4 AND 5 MEDICO-LEGAL PAPERS.

W. G. STEVENSON, M. D., Chairman.	
Clark Bell, Esq.	F. C. Valentine, M. D.
R. S. Guernsey, Esq.	Chas. S. Fischer, M. D.
R. B. Kimball, Esq.	Amelia Wright, M. D.

ON RESOLUTIONS OF MR. E. W. CHAMBERLAIN REGARDING COMSTOCK SEIZURES.

E. W. CHAMBERLAIN, Chairman.	
Roger Foster, Esq.	W. F. Holcombe, M. D.
Morris Ellinger, Esq.	Charles Milne, M. D.
Benno Loewy, Esq.	R. J. O'Sullivan, M. D.

ON HYPNOTISM.

E. MORGAN, JR., M. D., Chairman, Riverside Sanitarium, Tarrytown, N. Y.	
Robt. Funkhouser, M. D., St. Louis, Mo.	
Wilson MacDonald, Esq., 160 W. 133 St., N. Y. City.	
Daniel L. Gibbens, Esq., The Alpine, 33d St. and B'way, N. Y.	
Emily Kempin, L.L.D., 47 E. 59th St., N. Y. City.	
Morris Ellinger, Esq., Surrogate's Office, N. Y. City.	
Prof. T. P. Eskridge, M. D., Denver, Col.	
Prof. E. P. Thwing, M. D., Brooklyn, N. Y.	
Theo. H. Kellogg, M. D., Poughkeepsie, N. Y.	

LEGISLATION REGARDING THE INSANE.

CLARK BELL, Esq., Chairman.	
Judge Jno. F. Dillon, N. Y.	P. Bryce, M. D., Ala.
Judge J. C. Normile, Mo.	Stephen Smith, M. D., N. Y.
Gov. R. S. Green, N. J.	E. J. Kilbourne, M. D., Ill.
Ex-Gov. H. M. Hoyt, Pa.	Dr. Thomas O. Powell, Ga.
P. O. Hooper, M. D., Ark.	Judge H. M. Somerville, Ala.
Dan'l L. Brinton, M. D.	Ex-Chief Justice Noah Davis, N. Y.
G. B. Twitchell, M. D., N. H.	Samuel Wesley Smith, M. D., N. Y.
W. W. Godding, M. D., D. C.	Judge Calvin E. Pratt, N. Y.

ON RE-ORGANIZATION OF THE MORGUE.

CLARK BELL, Esq., Chairman.

Elizabeth N. Bradley, M. D.	Chas. A. Doremus, M. D.
M. J. B. Messemer, M. D.	G. F. M. Bond, M. D.
Judge S. M. Ehrlich.	Prof. Henry A. Mott, Jr.
Philip L. Donlin, M. D.	

ON CRIMINAL RESPONSIBILITY OF DEAF MUTES.

DR. ISAAC L. PEET, Chairman.

J. D. Roberts, M. D.	C. Bainbridge Smith, Esq.
Samuel D. Powell, M. D.	Albert Bach, Esq.
Judge S. Burdette Hyatt.	Eliza A. Mosher, M. D.

ON REPORT OF LUNACY COMMISSIONERS.

Dr. Fred Peterson.	Dr. Matt. D. Field.
Dr. S. Tucker Clark.	Judge A. J. Dittenhoefer.
Dr. Samuel Wesley Smith.	Dr. G. F. M. Bond.
Mr. Nelson Smith.	

ON ELECTRICITY.

CLARK BELL, Esq., Chairman.

Prof. R. O. Doremus.	Schuyler S. Wheeler, Esq.
Dr. Isaac Lewis Peet.	Wm. Maver, Jr., Esq.
Hon. Jacob F. Miller.	George S. Benjamin, M. D.
Ralph W. Pope, Esq.	J. Mount Blyer, M. D.

ON CLASSIFICATION OF MENTAL DISEASES.

W. W. GODDING, M. D., D. C., Chairman.

Pliny Earle, M. D., Mass.	Selden H. Talcott, M. D., N. Y.
Henry P. Stearns, M. D., Conn.	C. H. Hughes, M. D., Mo.
Walter Channing, M. D., Mass.	J. S. Dorsett, M. D., Tex.
W. B. Fletcher, Ind.	L. G. Perkins, M. D., La.
P. Brice, M. D., Ala.	Frederick Peterson, M. D., N. Y.
F. M. Wise, M. D., N. Y.	Theodore H. Kellogg, N. Y.
Alice Bennett, M. D., Pa.	

ON TRANSLATIONS.

MORRIS ELLINGER, Esq., Chairman.

E. M. Fernandez, M. D.	Samuel D. Sowards, Esq.
F. C. Valentine, M. D.	Simeon Leo, M. D.
J. Mount Blyer, M. D.	J. R. M. Hearne, Esq.
Emily Kempin, L.L.D.	Z. S. Sampson, Esq.

ON NATIONAL AND STATE CHEMISTS.

PROF. V. C. VAUGHAN, Chairman, of Michigan.

Prof. R. O. Doremus, N. Y.	Prof. C. A. Doremus, N. Y.
Dr. Geo. B. Miller, Pa.	Prof. A. B. Mott, N. Y.

COMMITTEE OF THE STATES AND TERRITORIES ON EXTENDING MEMBERSHIP OF THE SOCIETY.

ALABAMA.—P. Bryce, M. D., Tuscaloosa.	MISSISSIPPI.—Dr. E. P. Sale., Aberdeen.
ARKANSAS.—Jas. H. Southall, Osceola, Little Rock.	MONTREAL, CANADA.—Dr. Daniel Clark, Toronto.
CALIFORNIA.—E. Regensberger, M. D., San Francisco.	NEBRASKA.—W. M. Knapp, M. D., Lincoln.
COLORADO.—Prof. T. P. Eskridge, Denver.	NEVADA.—S. Bishop, M. D., Reno.
CONNECTICUT.—Wm. J. Lewis, M. D., Hartford.	NEW BRUNSWICK.—J. T. Steeves, M. D., Fredericton.
CUBA.—Dr. A. M. Fernandez, Havana.	NEW HAMPSHIRE.—Dr. Carl H. Horsch.
DAKOTA.—Dr. O. Wellington Arch- ibald, Jamestown.	NEW JERSEY.—Judge C. G. Garri- son, Camden.
DELAWARE.—Gov. B. T. Biggs.	NEW MEXICO.—N. S. Giberson, M. D., Carlisle, Grant Co.
DISTRICT OF COLUMBIA.—Judge M. V. Montgomery.	NEW YORK.—Clark Bell, Esq., Chair- man, New York.
ENGLAND.—A. Wood Renton, Esq., London.	NEW ZEALAND.—Prof. Millen Coughtrey.
FLORIDA.—Dr. C. A. F. Lindorme, Fort Reed.	NORTH CAROLINA.—J. D. Roberts, M. D., Goldsboro.
GEORGIA.—Thos. O. Powell, M. D., Milledgeville.	NOVA SCOTIA.—Simon Fitch, M. D., Halifax.
ILLINOIS.—Milo A. McClelland, M. D., Chicago.	OHIO.—C. H. Blackburn, Esq., Cincinnati.
INDIANA.—W. B. Fletcher, M. D., Indianapolis.	PENNSYLVANIA.—S. Hepburn, Jr., Esq., Carlisle.
IOWA.—F. C. Crittenden, M. D., Des Moines.	PRINCE EDWARD ISLAND.—Judge Jas. H. Peters, Charlotte Town.
IRELAND.—Connelly Norman, M. D.	RHODE ISLAND.—Philip K. Taylor, M. D., Wakefield.
KANSAS.—A. N. Drake, M. D.	SOUTH CAROLINA.—Dr. Middleton Michel, Charleston.
KENTUCKY.—Dr. F. H. Clark, Lexington.	TENNESSEE.—Dr. Michael Camp- bell, Knoxville.
LOUISIANA.—Dr. M. D. Clay, Shreveport.	TEXAS.—Dr. D. R. Wallace, Terrell.
MANITOBA.—H. A. Husband, M. D.	VERMONT.—Dr. J. Draper, Brattleboro.
MARYLAND.—Daniel L. Brinton, Esq., Baltimore.	VIRGINIA.—Dr. Jas. D. Moncure, Williamsburg.
MASSACHUSETTS.—Frank K. Pad- dock, M. D., Esq., Pittsfield.	WASHINGTON TER.—John W. Waughup, M. D., Fort Stellacoom.
MICHIGAN.—T. R. Buckham, M. D., Flint.	WEST VIRGINIA.—
MINNESOTA.—Prof. W. A. Hall, Minneapolis.	WISCONSIN.—Henry Palmer, M. D., Janesville.
MISSOURI.—R. E. Smith, M. D., St. Joseph.	

Members of the Society and of the Committees will please take notice of the same.

EMILY KEMPIN, L.L. D., Secretary.

MEDICO-LEGAL SOCIETY OF CHICAGO.

PRESIDENCY OF E. J. DOERING, M. D.

October 5, 1889. Discussion of the paper of DR. HAROLD N. MOYER, M.D., on the "Medico-Legal Relations of Shock."

Dr. D. R. Brower supported the views of the writer in regarding the lapse of several days in the case of Burns' death, clearly not a case of death by shock.

He cited a case of death from mental shock, where some students took the servant of a medical college and told him they were going to kill him. They put him down upon the floor, and struck a blow of not much intensity upon the back of his neck, then, their sport being over, they told him to get up, but, upon turning him over and examining him, they found him dead. This was death from shock; the effect was immediate, there was no delay in producing the result.

Dr. Brower also concurred in Dr. Moyer's views as to the state of the heart in cases of death from shock, and claimed that the condition of the man, his brain, the heart, kidney and liver, with the impaired appetite and digestion, in connection with his maniacal excitement, as familiar, natural causes of death. He cited the case of a young lady in Chicago, who died from similar causes.

DR. E. WYLLYS ANDREWS, while conceding the logic of the paper, raised the question as to how it could be claimed, from the post-mortem, that the death was due to secondary causes, in absence of suppuration, fat-embolism and hemorrhage.

He claimed that where shock intervenes, the patient often rallies after 24 hours, especially aged persons, or where death might be traceable to organic disease or alcoholism, when a stage of exhaustion follows the first

rally, and then patient dies from gradual decline of vital powers, yet not late enough to be chargeable to secondary causes. He did not think Burns died from shock, but from exhaustion, and that his death was the result of the injury which the post-mortem could not well reveal.

He agreed with the author of the paper as to the characteristics of surgical shock and its time of action, but this is not a case where, in his judgment, death was due to shock, but to the collapsed condition into which Burns fell, as the result of his injuries.

Dr. J. F. TODD: I gave the opinion to the Coroner that death resulted from shock and subsequent exhaustion. Dr. Andrews has stated briefly the views I entertained as to the cause of death—that exhaustion was, perhaps, the chief cause in producing a fatal result. I think no one can question that in this case shock was produced by the injuries, however they may have been inflicted. There was a complete fracture of the sternum, a complete fracture of the tenth rib. The contusion in the lower part of the abdomen was extensive. Not less than a pint of blood was extravasated in the cellular tissue of the parts; a scalp wound was found upon the head, and in various places there was extravasation of blood extending from a fourth to five-eighths of an inch in depth. I knew something of the case before death occurred. Burns was admitted to the Detention Hospital, I think about two weeks before he died, and he was then in a condition of chronic melancholia; he was poorly nourished and morbidly apprehensive; the pulse was weak, he refused food and his sleep was disturbed. There was evidence that he was suffering from hyperesthesia, with a morbid apprehension that he was likely to be injured. Any contact he would shrink from; he

shrank from water—resisted the bath. It is in testimony that when an attempt was made to dress an ulcer upon one of his legs in the hospital, he resisted, as though fearful of being injured. The condition of the membranes of the brain, of the heart, the fatty changes that supervened, all, in my judgment, together with this morbid apprehension, indicated a very marked tendency not only to shock, but the worst consequences that can result from shock. While I do not believe that he died as a result of shock or in condition of collapse, I do believe that the shock was sufficiently severe to be followed by a state of exhaustion, and, very probably, by a traumatic fever that would itself exhaust a man in a feeble condition. It appears to me that it is impossible to dispute that these injuries must necessarily have hastened death. No one can say, with even an approximation to certainty, how long before death these injuries were inflicted. One would be led to believe, from the statement made by Dr. Moyer, that the injuries were some days antecedent to death, because one of the ecchymoses had commenced to fade around its margins. I have never believed that all of these injuries were inflicted on the same day. There were no reparative changes in the broken bones; the extensive injury to the lower part of the abdomen showed some signs of breaking down.

Take a man in the condition that is said to have existed in this patient, Burns; let him sustain a fracture, however produced—a fracture of the sternum, of the rib, and such a condition as to produce an effusion of nearly a pint of blood into the cellular tissues, and it seems to me impossible to ignore the fact that such injuries are capable, under the conditions found, of producing violent shock, traumatic fever, subsequent exhaustion and death.

Dr. J. G. KIERNAN : I agree very thoroughly with Dr. Moyer in regard to the general question of shock. Shock does not have the effect on the insane that it has on the sane. In many cases the influence is directly contrary. That position is taken by an authority who has had experience in these cases. In shock, even proceeding from fractures of a much more extended character than those alleged in this case, the results in the insane are different from those in the sane. The patient, Robert Burns, had been an alcoholic for a number of years. He had also suffered from syphilis. He had been admitted to the Cook County Hospital for poisoning by carbolic acid during a condition evidently induced by delirium tremens, complicated with melancholia, in part due to alcoholism and, in part, to other causes. He was then covered with a number of marks which the two physicians and nurses regarded as pertaining to tertiary syphilis. He was from there transferred to the Detention Hospital for the Insane. This man was transferred on the 11th of April to the Cook County Hospital for the Insane. On examination I found the marks, and regarded them as evidence of tertiary syphilis. He was sent up to the hospital ward, which contained about 80 patients, because, in the first place, he was run down, and, in the second place, he had delusions of poisoning. His suspicion was very marked, of the type usually found associated with pulmonary disease. He also had delusions of marital infidelity, and refused food, so he was transferred to the hospital. On April 12th he injured his head. On the 20th of April the patient was, for the first time, put to bed, because he had refused food: was continually in motion, had failed to sleep and was running down rapidly, so it was necessary to prevent any more waste of vital force. Between the 12th

and 20th he was running around the ward, running into other patients and giving vent to his delusions of suspicion and persecution at times. On the 18th his friends came, for the first time, to see him; they were shown the cut on his head, but did not lay any special stress upon it. They stated that before he left them he had to be restrained by two men from jumping out of the window, and by four from burning his baby and the house and killing his wife. On the 20th my attention was called more particularly to him. There had been, from the outset, a mark over the sternum, which had disappeared under continued syphilitic treatment. At the time he came in there was tenderness, on pressure, over the eleventh rib. In the autopsy, the tenth, eleventh and twelfth ribs were not cut down upon to be examined. This patient went through the usual course of such a case. At the time of his admission he had some dulness at the apex : he had a slight muco-purulent expectoration, but, as far as the physical symptoms went, the examination was good for nothing, because no proper physical examination was possible on account of his restlessness. On the 22d he began to fail rapidly and his friends were notified. He rallied on the 25th and died on the 26th. An autopsy was asked and refused. I have seen the sternum, and, in my judgment, it was fractured post mortem, by clumsy manoeuvres. I saw the case from the beginning ; I was simply the Superintendent, and the case was in the charge of two physicians; one now Superintendent. The man was in the same condition, as regards marks, as are two-thirds of the patients coming from the Detention Hospital, with the exception that the marks were copper-colored and resembled syphilis. As far as the sternum is concerned, assuming the fracture to have existed, it is no more than has fre-

quently occurred from muscular contraction in patients of the same type—patients broken down by the early stage of organic disease.

The jury showed their opinion of the value of the autopsy by honorably acquitting the accused attendants. In violation of the time-honored practice of Cook County the case, instead of being taken first before the Coroner's jury, was taken directly before the Grand Jury. When taken before the Coroner, three of the indicted persons, one of whom was myself, were found without blame; the other two were directed to be held until discharged by due process of law, and the trial jury acquitted them. I was not invited to be present at the autopsy. I can only say this about the case, that, so far as the scientific aspects of shock are concerned, Dr. Moyer has stated what, in my judgment, is the scientific position, one which was maintained at the trial by Dr. Andrews, Sr., Dr. Fenger, Dr. Dodson, Dr. Parkes, and a number of others.

Dr. TODD: I ask a moment to make an explanation. When I was notified by the Coroner to make this autopsy, I started at once for the place designated, and when I arrived at the house the examination had been partially made; a section of the body was already made. A line of carriages were in waiting and the family were very impatient that the examination should terminate, in order that they might bury the body. I asked the Coroner whether or not Dr. Kiernan had been notified that an autopsy was to be held, and he said yes. But, in any event, it was impossible for me to notify Dr. Kiernan that the autopsy was being held, it having progressed so far, and the time fixed for the funeral services being so near at hand. I intended no discourtesy.

Dr. JAMES BURRY: I simply wish to say that I believe

death from an injury may result by exhaustion, without secondary changes following shock.

Dr. Kiernan has stated that the effects of injuries in the insane are the reverse of those of injuries in the sane. I should like to ask whether, in the sane there are not some cases in which injuries are neither stimulating nor immediately fatal, and if there are such cases, why would they not take the same course that such injuries do in the sane and produce death by exhaustion, without secondary changes following shock?

Dr. H. N. MOYER: I presented the Burns case as of interest in regard to this question of shock as a cause of death. I wish to call attention to the early part of my paper. I have no differences with Dr. Andrews and Dr. Todd as to the fact that these injuries had a tendency to hasten death; that is not questioned, I think, by any one in the room. But you forget the legal effect of the statement. For instance, if a person is shot in the abdomen and you state that the person dies of shock from a gun shot wound of the abdomen, that is a positive statement upon which an indictment may be based. That throws the burden of proof upon the defense. If there is a reasonable doubt that death did actually occur from shock it should be stated; that gives the defendant in a court of law the benefit of that doubt, and, as a matter of right, it belongs to him. The words attributed to Dr. Todd are taken from the shorthand report of the proceedings before the Coroner. He says: "I believe that the death of said Robert Burns resulted from the injuries above described, and that it was a consequence of shock produced by the injuries and subsequent prostration." I was not dealing so much with the statement of Dr. Todd as with that of the next physician who testified. In answer to the question, "In your opinion, what

was the death caused by?" Answer. "Shock." Question. "How produced?" Answer. "By injuries received on the body." On that testimony was based the indictment under which these men were tried. I would not quarrel with any statement that insisted that these injuries were severe, that their natural tendency was to cause death, and that the man who inflicted them ought to be put on trial. But I simply say that, in the light of all the facts, a reasonable doubt may be entertained of their having caused death. If this is the case, then the opinion should be so drawn as to express it. In the case of death from shock from a gun-shot wound of the abdomen, the mere statement crystalizes the whole matter in a legal sense and throws the burden of proof upon the defense to negative it if possible. But surely no one will contend that the cause of Burns' death is as directly and clearly traceable to his injuries, as though he had received a wound of the heart; yet the statement of them is just as positive. The only difference between Dr. Todd and myself is as to how this matter should be stated.

One more word take, for instance, the Hetzke case, the last one mentioned. There was the dilated heart, the recent death and the external injuries, which were by no means severe, none of them extending even through the subcutaneous tissues; in a healthy body, absolutely free from any organic disease. Suppose that this lad had had a valvular heart lesion. Would you say these injuries were more likely to cause death in a person suffering from valvular heart disease than in a healthy person? To be sure. And yet there comes in an element of doubt, the possibility that the boy did not die from the injuries, but from the heart disease. And I say that element of doubt, if we are just and fair, should invariably be expressed.

Journals and Books.

INSANITY AND ITS TREATMENT. By G. Fielding Blandford, M.D.

(Oliver & Boyd, Edinburgh. Simpkins Marshalls Co., London. 3d edition, 1884.)

This excellent work is the outcome of a series of lectures delivered by the author, at the school of St. George's Hospital, which has run through three editions.

Dr. Blandford has long been an authority, and it is well for the literature of insanity, that he has elaborated his work as a teacher, so that the student of Mental Medicine can use him for his real worth.

The keynote of Dr. Blandford's idea of insanity is "that disorder of the mind means disorder of the brain." He is of that school that regards the brain as an organ, the diseases of which are reflected by mental disturbance.

THE STATE BOARD OF HEALTH OF ILLINOIS. Dr. John H. Rauch. Secretary.

This volume contains the name, residence, place and date of graduation of every physician in Illinois, and is arranged in counties, cities and towns.

It is the most complete and perfect record of the medical profession we have ever seen.

THE INSANE LAWS OF PENNSYLVANIA (1889.)

This is an admirable compendium of the laws of Pennsylvania, prepared by the Committee on Lunacy, of the State Board of Charities, of which Thomas G. Morton, M.D., is chairman, and Andrew J. Ourt, M.D., is secretary.

It is styled a Compendium of the Lunacy Laws of the State, and is an elaborate classification of the entire body of the law regarding the insane, their supervision, care, treatment, maintenance and custody in state hospitals, private institutions, homes, alms-houses, jails and penitentiaries in that State. A supplement contains some admirable papers:

1. Insanity in Issues. By Judge William N. Ashman, of the Orphans' Court of Philadelphia.

2. Insanity as a Defence in Pennsylvania. By George S. Graham, L.L.D., District Attorney of Philadelphia. Pa.

3. On the Preparation of Medical Certificates of Insanity and Expert Testimony. By John B. Chapin, M.D., Superintendent of Pennsylvania Hospital for Insane.

4. Legal Responsibility of Medical Examiners in Lunacy Cases. By Thomas W. Barlow, of the Philadelphia Bar.

SPINAL CONCUSSION. By S. V. Clevinger, M.D.

(F. A. Davis, Philadelphia, 1889.)

The constant trials in the law courts, the bitter contentions of physicians, the enormous verdicts obtained in England, the fear and belief of frauds

in pressing these claims, the jealousy of juries against corporations, make the subject of this work one of great interest as well to lawyer, as to physician.

Erichsen's work may be said to have opened a new field of view of railway spine—as it is sometimes called. Many writers, home and foreign, entered this field with works of varied merit, but, while some of the ablest writers upon the Continent and in Great Britain took it up, no one of note has written here, except a few of the younger writers, and they not at all commensurate with the subject.

Dr. Clevenger's work is valuable as an analytical review of what has recently been written upon this topic.

He has not discriminated well, in admitting much that is of little or even of no value. The best chapter in the book is the resumé of Oppenheim's book.

The criticisms on the law of expert testimony, and the author's peculiar views on that and other questions not quite germane to the inquiry, detract from its value, but it is by far the best American contribution to the science, and is well worth perusal by lawyers and physicians interested in the trials resulting from this class of cases. Its price is \$2.50.

JOSEPH JONES, M.D., OF LA.

Dr. Jones has completed and given to the profession and the world, two recent large volumes, which, with the former one, will form the compendium of the labors of his professional life. His studies have been extraordinary, comprehensive, and embrace an enormously wide range of inquiry, because his opportunities have been so great and so diversified.

His position upon the State Board of Health of Louisiana, gave him opportunities of observation, second to no man in his profession on our Continent, while the details of his researches cover nearly every field of scientific inquiry open to a medical man.

We are particularly interested in his statistical information as to deaths by poisoning, drowning, &c. His work in its treatment of insanity, the insane of that State, and the Louisiana Lunacy System is of commanding interest. No man can receive in his lifetime the full credit for such labors as have resulted in these volumes.

They will be a legacy to science, to statistical knowledge and research, and to the sum of human knowledge, gained by the careful, thoughtful, scientific and systematic observer, that will make the student of the next century grateful and thankful for the painstaking, valuable professional labors of Dr. Joseph Jones, of New Orleans.

CURABILITY OF INSANITY AND THE INDIVIDUALIZED TREATMENT OF THE INSANE. By John S. Butler, M.D.

(G. P. Putnam Sons, New York, 1887.)

No one can read this book without conceding the thought, force and wisdom of Dr. Butler's views.

It is the fruit of his life, the summing up of a memorable experience, devoted wholly to the care of the insane.

It is a little book, but it is big in its facts, its conclusions and its teachings.

Dr. Butler dates his examples from 1844. That was the era of the instigation of lunacy reform in England. He is opposed to large asylums, and quotes the action of the American Association in 1857, when they unanimously adopted 200 as the highest number that could with propriety be treated in one building.

He still holds the same views. He believes that the curable and incurable insane should not be provided for in the same institution. The vote of the same body in 1866 against his views, by a small majority, did not alter or change his views.

While, perhaps, the small majority of superintendents, may differ with him, the majority of mankind and of laymen agree with him.

The examples so touching, so full of interest, so educating to the physician, so valuable as experience, with which the work abounds, make it intensely interesting.

No superintendent can read this little book without profit, and it is a wonderfully powerful answer to the clamor now heard in this State, to still further enlarge and crowd our overflowing State institutions.

*BOOKS, JOURNALS AND PAMPHLETS
RECEIVED.*

- Transactions of Mo. Med. Association (1889).
- FRED. PETERSON, M. D.—Paranoia in two sisters (1890).
The Colonization of Epileptics (1890).
- WM. THORNTON PARKER, M. D.—The overshadowing of our homes.
Association of acting Assistant Surgeons.
- J. C. PUMPELLY, Esq.—Our French allies in the Revolution.
- T. L. WRIGHT, M. D.—The Disabilities of Inebriety (1890).
- LEHN & FINK—Chloralamid as a Hypnotic (1890).
- A. P. REID, M. D.—Sterpiculture, or the Ascent of Man.
32d Report of Hospital for Insane, Nova Scotia (1889).
- HON. DAVID DUDLEY FIELD—Some reprehensible practices of American
Government-Reform Club, series VIII (1890).
- ALFRED MOREAU (Belgium)—De l'Etat Mental des Criminels (Bruxelles
1881).
- JOHN S. DAVIS, M. D.—Epicystic Surgical Fistula (1889).
Intestinal Anastomosis (1890).
- N. Y. NEUROLOGICAL SOCIETY—Report of Committee on Proposed
Lunacy Bill (Feb. 1890).
- LEARTUS CONNOR, A. M., M. D.—Tobacco Amblyopia (1890).
- LOUIS PENARD, M. D.—De la Mesure du discernement En Matière
Criminelle (1880).
- T. GOLD FROST, Esq.—The French Constitution of 1793.
- F. A. DAVIS, Publisher, Phil.—Practical Electricity in Medicine and
Surgery. By Liebig & Rohe. (1890).
- JOSEPH JONES, M. D.—Contagious and Infectious Diseases. Vol. 3.
Part 1. Part 2. (1890).
- B. A. WATSON, A. M., M. D.—An Experimental Study of Lesion.
(Blakiston Son & Co., Phil., 1890).
- NORTH-EASTERN DISPENSARY.—Annual Report for 1889.
- NEW YORK INFANT ASYLUM.—Annual Report for 1889.
- GEO. P. ROWELL & Co.—American Newspaper Directory for 1890.
- D. HACK TUKE, M. D.—Lunacy Acts Amendment Act. (1889). (52 and
53 Vict., chap. 41). Arrangement of Sections.
- S. WATERHOUSE.—The Westward Movement of Capital (1890.)
- PROF. R. A. WITTHAUS.—Post Mortem Imbibition of Poisons.

ROBERT H. CHASE, M. D.—Ward Supervisorship. A Letter to S. Alden Blumer. (1890).

H. B. HILL, M. D.—Annual Report Maine State Insane Hospital. (1889).

HON THOMAS COGGESHALL.—Twenty-first Annual Report Rhode Island Board of Charities and Corrections. (1889).

WABOLDGE MOLLE.—Der Kongelige. Sundhedskollegiums Fordhandling. (1 Band, 1881). (1 Band, 1888).

DR. W. J. BYRNE.—Report of the Central Kentucky Lunatic Asylum. (1888).

WM. B. VAN LENNEP, M. D.—Studies in Intestinal Surgery. (1889.)

JUDGE A. L. EMERY.—Prospectus Medical School of Maine. (1890).

PHYSIO MEDICAL COLLEGE OF INDIANA.—Annual Announcement of 1889.

HENRY A. GOUGE, Esq.—Air; Its Uses and Abuses.

HON. JAMES C. CARTER.—The Provinces of the Written and the Unwritten Law (1889).

T. D. CROTHERS, M. D.—Sketch of Dr. J. Edward Turner. (1889).

Association Francaise pour l'avancement des Sciences.—Information and Documents divers, No. 56.

U. HOEPLI (Milan).—Catalogue No. 62.

LIST & FRANCKE (Leipzig).—Catalogue No. 211.

Centralblatt fur Nervr. Psyc. and Gerichtliche Psycho. No. 24. (December 15, 1889).

KERCHOFF & WIGAND (Leipzig).—Antiquarisches Bücherlager, No. 845. 1890).

A. TALADRIZ.—El Orecchio Externo. By Dr. Luis Frigerio. (1889.)

J. OLNSTEAD, M.D.—Twenty-second Report Connecticut State Hospital for Insane. (1889).

ALICE BENNETT, M. D.—Tenth Annual Report of Pennsylvania State Hospital for Insane. (1889).

DR. J. C. VAN PERSIJN.—Statutes of the Netherland Society of Psychiatry. (1889).

POST GRADUATE MEDICAL SCHOOL.—Seventh Annual Announcement. (1889).

Verslag Van de Inspecties Voor Het Staatstoezicht op Krankzinnigen. 1888). (Holland).

PROF. HENRY B. FROMAG.—Studies of Mammalian Blood.

PROF. DR. MORITZ BENEDICT.—Aus der Pariser Kongresszeit. (1889).

REV. CHAS. TREAT.—Sanitary Entombment. (1889).

STATE BOARD OF CHARITIES OF NEW YORK.—Twenty-Second Annual Report. (1888).

NEW YORK COMMISSIONERS IN LUNACY.—Annual Report for 1889.

[By an accident the manuscripts of a large number of books and pamphlets received have been lost by the printer, too late to rectify.]

MAGAZINES.

THE CHAUTAUQUAN.—Commences its XII Vol. with April No. 1890. It contains an excellent "study of Spiritualism" by Prof. Robert Ellis Thompson of the University of Pa.

THE OPEN COURT.—There is a great deal of ability and merit about this Journal.

THE AMERICAN LAW REVIEW.—Maintains the steadfast even tenor of its way, and is valuable for its able work on current decisions.

PSYCHIATRISCHE BLADEN, Amsterdam, Holland. Dr. A. O. H. Tellegen, Dr. F. M. Cowan and G. Jelgersma—Contains the Report of Dr. Ruysch, Genl. Inspector of the Dutch Asylum for the insane, for the year 1889.

The total insane in Dutch Asylum :

Jan 1. 1888.—Were women 2,853, men 2,905, Total 5,658.

" " 1889 " " 2,940, " 2,906, " 5,846.

Showing a slight increase. The total of the kingdom is less, than are in our New York City Asylums for the insane. The Journal is the organ of the Netherland Society of Psychiatry.

THE NEW YORK MEDICAL TIMES.—Dr. C. A. F. Lindorme of Fla., is contributing an elaborate series of articles entitled "The Biology of Thought, with special reference to alienation of the Mind." The March No. completes the XVII vol., and contains details of the defense made by the senior editor of the Journal, to the charges made against him in what is known as the War of the New York Homeopathic County Medical Society.

LEND A HAND.—Boston (J. Stillman Smith & Co) —Is crime increasing in Massachusetts? The January number gives considerable space to "The Increase of Crime."

A very high authority and acute observer told me, that the apparent increase of crime indicated by statistical evidence in Massachusetts, was due to their system of arrests, where no crime had been committed; where as convictions do not follow, arrests ought never to have been made.

Outside of Massachusetts it seems to be fair, to say, that when newspapers publish with avidity every thing occurring daily among 60,000,000 of people, that can be classed as crime they give necessarily more space to crime than to any thing else relatively, and there are so many more now of these "incidents repeated" than before, it falsely appears that more crime is committed.

THE COUNTRY GENTLEMAN.—(Luther Tucker & Son, Albany).—Take it all in all, measured by what an agricultural journal should be, and contrasting it with all the other journals of the field, the Country Gentleman comes nearer our ideals than any journal of this class in America.

WASHINGTON LAW EXCHANGE.—(Law Exchange Publishing Co). A new Law Journal just started, devoted to the interests of the Law Schools

at the National Capital. An editorial writer claims that because §863 "Greenleaf on Evidence" holds atheists to be incompetent as witnesses, it excludes the agnostics, and asserts that Huxley and Ingersoll cannot testify as witnesses to occurrences of which they are observers, and inveighs against the law therefor. I do not believe that it can be proved, that either Huxley or Ingersoll are atheists. There is a difference between one who asserts, that he does not believe in a God, and the agnostic, whose negations do not take that form. I think Col. Ingersoll, while he might not be willing to say that he believed in a future state, would not be willing to deny its existence, or that he believed that there was no future state of the Soul after death.

By the way, there is no chair of Medical Jurisprudence in either of the law schools of Washington.

What view does the new journal take, on the resolutions adopted at the June Congress of Medical Jurisprudence upon that subject?

THE NORTH AMERICAN REVIEW.—(April 1890), Madam Adam contributes the cleverest paper on "Society in Paris" I have seen in a long time and Oswald Ottendorfer a very able and thoughtful article on "Socialism in Germany," a subject which recent events in that country, make one of great public interest.

THE FORUM.—The most important paper in the last issue is that of Prof. Charcot on "Hypnotism and Crime". The theme is admirably handled, and the subject is one that is engaging the attention of science on both sides the sea.

JOURNAL OF MENTAL SCIENCE.—(Jan. No. 1890). There is more *meat* in the paper by Havelock Ellis in this number on "The Study of a Criminal," than in any short paper I have seen.

He reviews Broca, Lombroso's "L'Uomo delinquente," Dr. N. Colajanni's, "Sociologia Criminale" and Enrico Ferri's book, "Nuovi Orizzonti del Diritto," and touches on Garofolo's "Criminologie," whom he designates as the Jurist of the School of Lombroso and Ferri.

He speaks of the French writers Tarde, La Cassagne, Bordier, Manouvrier and Bornet; of the Germans Kraaft-Ebing, Krauss, Flesch and Prof. Benedikts' splendid contribution, "Kranimetrie und Kephalometrie," of the Belgians, Queletet & Heger and of the Portuguese, and Russian writers, and of Coutagne's criticism upon the little that has been done by British writers.

We know of no subject at the present moment of greater scientific interest than that of "Criminality," or to go a little farther, "Criminal Anthropology."

THE BOSTON MEDICAL AND SURGICAL is one of the most ably conducted and editorially managed, of the American Medical Press. It has no superior—very few equals this side the Atlantic.

MAGAZINE OF WESTERN HISTORY.—N. S. Davis, M. D., contributes a very interesting history of the Medical profession in Chicago in the January number 1890, and F. S. Musette an admirable paper on Senator Watson C. Squire, who represents the new State of Washington in the United States Senate, and is Vice-President of the Medico-Legal Society for that State.

THE MEDICAL RECORD is improving, taking pattern more after the great English Medical Journals, such as the British Medical and the Lancet. It needs stronger, and more representative strength in its editorial management, and abler Medical talent in its leading articles.

Such a man as Ernest Hart, of the British Medical Journal, at the head of this, should double its circulation in five years or less.

BELFORD'S MAGAZINE.—This Journal is improving and making important advances. No one will regret taking it.

THE AMERICAN MUSICIAN.—This journal, in its March 29th number, published a large and capital likeness of Morris Phillips, the genial editor of the *Home Journal*.

We have known Mr. Phillips ever since we came to New York in 1864, and call him one of the most charming of men, a born journalist and a capital good fellow.

The words of praise are well bestowed both on him and his journal.

It has been ever a high toned, clean and entertaining newspaper, always welcome in the family, and no one ever saw in its columns a word unfit to go into the family,

The likeness is excellent. No one can speak in too high terms of this journal.

ERRATA.

Page 26, for gseat, 9th line from top, read *great*.

" 82, " clurist, 3d line from bottom, read *jurist*.

" 84, " Gladstone, 1st line from top, read *Gouldstone*.

" 91, " befo we decide there, bottom line. read *before we decide that the*.

" 198, " principles, 3d line from top, read *principles*.

" 217, " physil-ogical, 8th line from bottom, read *physiological*.

" 242, " is, 1st line from bottom, read *are*.

" 256, " has, 6th line from top, read *have*.

" 275, " lays, 11th line from bottom, read *lies*.

" 284, " cultivatidin, 3d line from bottom, read *cultivated in*.

" 343, " deaning, 3d line from bottom, read *dealing*.

" 409, " comelling, 12th line from bottom, read *compelling*.

" 511, " Danube, 5th line, read *Danish*.

" 532, " Dr. Steenteig, read *Dr. Von Steenberg*.

" 543, " Vicerto, 6th line, read *Vicente*.

" 552, " Samuel, 10th line, read *Seneca*.

" 552, " E. M., 8th line from bottom, read *A. M.*

" 552, " Hearne, 6th line from bottom, read *Hearnz*.

*THE SUPREME COURT OF CONNECTICUT
AND THE SATURDAY NIGHT CLUB OF
NEW YORK.*

The slight delay in the issue of the March number affords an opportunity to notice the compliment paid by the Saturday Night Club of New York City to the Bench of the Supreme Court of Connecticut.

The affair took the shape of a banquet given at Delmonico's on April 5th, 1890, at which the president of the Saturday Night Club, Mr. Clark Bell, presided, and introduced the speakers.

Chief Justice Charles B. Andrews, Judge Elisha Carpenter and Judge David Torrance, of that Bench, made addresses.

The Nestor of the American Bar, Hon. David Dudley Field, responded to the toast, "Reminiscences of the Bench and Bar of Connecticut."

Chief Justice Paxson, of the Supreme Court of Pennsylvania, responded to the toast of the Bench and Bar of Pennsylvania.

Governor Leon Abbett responded for the State and Bar of New Jersey, and Judge Charles G. Garrison, of the Supreme Bench of that State, for the Supreme Court of New Jersey.

Judge Ignatius C. Grubb responded for the Supreme Court of Delaware.

Judge A. L. Palmer, of St. Johns, for the Supreme Bench of New Brunswick.

Ex-Judge John F. Dillon spoke for the United States Courts.



Calvin S. Bice



Channing D. Dyer



Clark Reed
President



Watson C. Squire



S. B. Elkins



A. P. Fitch



Ed. Antinbach



John H. Watson



W. L. Andrews
Secretary



Jas. D. Campbell



Geo. Donnell Davidson



Roger Fisher

The Legal Members of the Saturday Night Club
at Memorial Hotel
Superior of
Connecticut

Chief Justices C. H. Van Brunt, of the First Department ; Chief Justice R. L. Larremore, of the New York Common Pleas, and Chief Justice David McAdam, of the New York City Court, responded for each.

Hon. Esek Cowan, Hon. R. A. Parmenter, Cephas Brainerd, Esq. ; Charles E. Perkins, Esq., spoke for the Bar of the State and City of New York and for the Bar of New England ; Alfred Foster, of Boston, for the Bar of Massachusetts ; and Colonel Armoy Knox, for criminal practice in Texas County Courts.

Letters of regret were read from the Chief Justice of the New England and Middle States, as well as of Louisiana and New Brunswick, and from leaders of the Bar in the New England and Middle States, and from the Judges of Ohio, Rhode Island, Delaware, and the Judges of the New York Court of Appeals and Presiding Justices of the several Judicial Departments of the State of New York who had been invited.

We give a list of the members of the Saturday Night Club, and its guests who were present.

CLARK BELL, PRESIDENT,
57 BROADWAY.

WM. S. ANDREWS, SECRETARY,
NO. 101 EAST 89TH STREET.

Members :

Andrews, W. S.
Baldwin, O. D.
Bates, L. M.
Belden, Wm.
Bell, Clark
Brice, Calvin S.
Campbell, Jas. D.
Carnegie, Andrew
Coogan, Jas. J.
Corbin, Austin
Davidson, Geo. Trimble

Depew, C. M.
Edwards, Harry
Elkins, S. B.
Fearing, Dan'l B.
Fitch, Ashbel P.
Flower, R. P.
Foster, Roger
French, F. O.
Guion, Wm. H.
Hatch, Rufus
Lauterbach, Edward

Mackaye, Steele
Merritt, E. A.
Morrison, Geo. A.
Schell, Edward
Squire, Watson C.
Starin, Jno. H.
Thomas, J. C.
Wheelwright, W. D.
Watson, John H.
Woollett, Sidney
Winton, H. D.

Guests:

Chief Justice Chas. B. Andrews, of Conn.	Hon. David Dudley Field, of N. Y.
Judge Elisha Carpenter, of Conn.	Governor Leon Abbett, of N. J.
Judge David Torrance, of Conn.	Chief Justice Chas. H. Van Brunt, of N. Y.
Judge Dwight Loomis, of Conn.	Chief Justice R. L. Larremore, of N. Y.
Judge Ed. M. Seymour, of Conn.	Chief Justice David McAdam, of N. Y.
Chief Justice Edward M. Paxson, of Pa.	Judge John F. Dillon, of N. Y.
Judge A. L. Palmer, of N. B.	Hon. Esek Cowen, of Troy.
Judge Chas. G. Garrison, of N. J.	Hon. R. A. Parmenter, of Troy.
Judge Ignatius C. Grubb, of Del.	Hon. Charles E. Perkins, of Conn.
Samuel H. Lyman, Esq., of N. Y.	Major John C. Kinney, of Conn.
William Almon Wolff, Esq., of N. Y.	Col. J. Armoy Knox, of "Texas Siftings."
Cephas Brainerd, Esq.	

We also reproduce from the menu, the memorial group of the Judges of the Supreme Court of Connecticut.

We also give from the same, the group of the legal members of the Club.

We regret that we are not able to give the reproduction of the group of the Chief Justices who were invited and the Judges and others who regretted and accepted.

We trust that these reproductions may be of interest to our legal and judicial readers.

We are unable to find space for the speeches and letters of regret in full—but give the remarks of Chief Justices Andrews of Conn. and Paxson of Pa., Hon. David Dudley Field and Judges Carpenter of Conn., Grubb of Delaware, and Dillon for the Federal Courts.

SATURDAY NIGHT CLUB.

COMPLIMENTARY DINNER TO THE JUDGES OF THE SUPREME COURT OF CONNECTICUT, AT DELMONICO'S, APRIL 5, 1890.

After the cloth was removed, the President, Mr. Clark Bell, made the opening address:

GENTLEMEN: The distinguishing characteristic of the American system of government, that which marked by a comprehensive, and I may say luminous light, the boundaries and limitations, of the power of the Judiciary, from what had hitherto been its well-defined status, in English-speaking countries, was one of the most important fruits of the American Revolution of 1776.

The theory of the new Government, was based upon principles that had been the corner-stone of the faith of those men who created the New England, of the first part of the seventeenth century, which ripened into fruit in the latter part of the eighteenth; as the United States of America, under a constitution, based upon a declaration of rights, which received the approval of all thoughtful students of the science of government, as well as lovers of liberty throughout the world.

The representatives of the people to make the laws—with the concurrence of the Executive—the Executive to execute the laws, and the Judiciary to administer them, was that trinity of power and authority, which in both nation and State, formed the sound basis of our liberties.

Higher than the legislative power, higher than the Executive, was the power of the Judiciary, because it passed upon the constitutionality of every act of the legislature, and every act of the Executive was subject to review, rescission, and even reversal, by the Supreme Court of the State.

Respect for the laws, for the written Constitutions, and for the Judiciary, has been the marked, pronounced and universal public sentiment in this country, since the adoption of the Federal Constitution, and the organization of that august tribunal with its wondrous powers, the Supreme Court of the United States.

The Saturday Night Club, gentlemen, realizing this grand sentiment of respect for the Judiciary, with the highest appreciation of its relations to the public weal, esteems it not only a high honor, but a great privilege and pleasure, in this the Metropolitan city, to pay this tribute of respect and homage to the members of the highest

judicial tribunal of a sister State of the American Union, to the Judges of the Supreme Court of the State of Connecticut.

When, gentlemen, we reflect, upon the conspicuous part that State has borne, in the history of our common country, on the long line of lustrous and honored names, that have adorned the Supreme Court of that State, and graced its bench, you will understand how in this presence, I can assure you of the sincere pleasure with which in the name of this Club, I welcome this honorable body, to this the first occasion, where a quorum of that Court has convened, within the city of New York.

Gentlemen, I propose the health and continuance of that renown, that has ever characterized the Supreme Court of Connecticut, and to connect that sentiment with the name of the distinguished citizen who now presides over its deliberations, the Hon. Chas. B. Andrews, Chief Justice of the Supreme Court of Connecticut.

Chief Justice Andrews responded as follows :

MR. PRESIDENT :—The Judges of the Supreme Court of Errors, of Connecticut, esteem it a very high honor to be the guests of the Saturday Night Club. In their behalf I beg to thank you and the gentlemen of the club, for the compliment of the invitation, and yourself for the flattering terms in which you have mentioned the court of which they are members. The pleasure of the occasion is heightened to us, that so many honorable judges from other jurisdictions and so many members of the bar, are also present, brought by your invitation to partake of the same generous hospitality.

You give it, Mr. President, as the result of your reflections, that the judicial power is the highest in the trinity of governmental powers. I apprehend that most thoughtful persons will agree with you for the reasons you have given. In every government of laws, the courts hold the most important place. The legislature may be nominally higher than the judiciary ; but in the actual experience of life, the courts touch the citizen more frequently and more nearly, than the law-making power. The legislature ordinarily does no more than make rules in the abstract ; the courts apply them to concrete cases. To the parties in any given case, that seems only to be the law, which the court decides to be law, for the reason that the court must pass upon the facts, as well as interpret the rule made by the legislature.

In one of those fervid bursts of eloquence for which Mr. Rufus Choate was so widely known, he exclaimed : "Let us repose secure under the shadow of a learned, impartial and trusted judiciary and we need no more. Given that, and it matters little what constitution you have, or who makes the laws."

Thinking only of that former time, when no one living was connected with the courts, I cherish the belief that the judiciary of Connecticut has measurably fulfilled for the people of that State, such an high ideal. To some extent, doubtless, this is due to the fact, that there has been no great city in the State, so that the questions, vexatious and dangerous, liable to arise from a vast, divergent and largely unlineal population have never brought disturbance into the courts. Perhaps, also, the cities of New York, on the one side, and Boston on the other, have drawn from us other sources of trouble. In another degree the good fortune has come from the character of its own people. Connecticut was a Puritan colony, even more so than Massachusetts. It has always been a Puritan State. The Puritan, with all his wilfulness, his self-assertion, his theology and his dogmatism, was a conservative citizen. Respect for the powers that be, was a part of his creed. To be sure, he intended to have the powers on his side most of the time, and never scrupled to quarrel with them if they were not ; but, notwithstand-

ing, he had the thrifty habit of economy ; and the money-making man is compelled to have a respect for law ; and this respect for the law has continued to this day to be a character of the people of that State. But mainly the result has come from the judiciary itself. In the original frame of government of that State, all judicial power was exercised by the legislature. The legislature continued to hear cases on appeal until the year 1784. In that year it was enacted that the Lieutenant Governor and the Council should constitute the Supreme Court of Errors. In 1793 the Governor was added to the court and made the presiding judge. Eight members were necessary to form a quorum. It was soon the subject of complaint, that the members of this court were chosen with reference to their qualifications as legislators rather than as judges. In 1806 an act was passed which transferred all the judicial power of the Governor and Council to the then Superior Court, and it was made the Supreme Court of Errors. That was the origin of the Supreme Court of Errors as it now exists. Jesse Root was at that time Chief Justice. Including its then members and all who have since been appointed there have been forty-four members of that court. Thirteen of its deceased members have been Chief Justices—Jesse Root, Stephen Mix Mitchell, Topping Reeve, Zephaniah Swift, Stephen Titus Hosmer, David Daggett, Thomas Scott Williams, Samuel Church, Henry Mateon Waite, William Lucius Storrs, Joel Hinman, Thomas Belden Butler and Origen Storrs Seymour.

These were notable men in their day, and came up to the full standard of being learned, impartial and trusted. The memory of every one of them is cherished by the people of Connecticut with affectionate pride and veneration. They were no more than a fair indication of the other members of the judges. It is little wonder, then, that the people of that State have reposed secure under the shadow of their own trusted magistracy. Nor is it wonder that the court held a creditable place among other like courts in the nation.

Of the individual character of these and other of the judges, and of the later court, others can speak much better than myself.

Prior to 1819, all the judges were appointed annually. There was a statute which provided that the judges should hold office during the pleasure of the legislature ; but the legislature continued to manifest its pleasure by annual elections until the adoption of the constitution in 1818. By that constitution the judges of the Supreme and Superior Courts were to hold office during good behavior, subject to impeachment and to be removed by address of two-thirds of each house of the general assembly. Another clause of the constitution declared that no judge or justice of the peace should be capable of holding office after he arrived at 70 years of age. These two provisions of the constitution have given rise to the suspicion that in Connecticut a man cannot behave well as a judicial officer after he is 70 years old.

In 1855 there was a change by which the judicial term was made eight years. The legislature has always elected all judges. Another change in 1880 has so made it that the legislature elects the judges upon the nomination of the Governor.

In the general field of law, the State of Connecticut deserves at least a passing notice. Every lawyer in the country has heard of the Litchfield Law School. More than to any other, and perhaps more than to all other agencies, it is owing to that law school, that the law in these United States has so much of uniformity, consistency and symmetry as it has. That school was founded by Topping Reeve in 1784. When Mr. Reeve became a judge of the Superior Court in 1798 he associated with himself James Gould as a teacher. They continued the school together till 1820. Judge Reeve died in 1822. Judge Gould continued it till 1833. During its existence there were educated nearly two thousand young men, coming from every one of the then States. Among the number were those who afterward became judges, chief justices and prominent lawyers and statesmen in most of the States, Chief Justice Baldwin, of Georgia ; John C. Calhoun, John M. Clayton, of Delaware ; Daniel S. Dickinson, of New York ; Levi Woodbury, of Maine ; Theron Metcalf, of Massachusetts ; William Halstead, of New Jersey ; Washington Poe, and very many others.

The earliest volume of reports of decided cases published in America was in Connecticut, by Ephraim Kirby, at Litchfield, in 1789. It has erroneously been said, that the first volume of Dallo's reports was the earliest. Dallo's first volume was not published until 1790.

Of Topping Reeve I should speak a little more. He was much more than an ordinary man. He was born at Brookhaven, L. I., in 1744; graduated at Princeton in 1763. He studied law with Jesse Root at Hartford; settled at Litchfield in 1772, and began his law teaching in 1784. He was a born teacher. Every one of the pupils who came under his instruction became at once inspired with a love of study, with the grandeur of the science and the dignity of the profession. Jesse Root, who was the instructor of Judge Reeve, was himself a distinguished man. He was born in Coventry, Conn.; graduated at Princeton in 1756. He was a preacher until 1763, when he became a lawyer in Hartford. He raised a company for the army and became a Colonel. Was a member of the Continental Congress for four years. He was a judge of the Superior Court after 1788. He published two volumes of reports. Another Chief Justice was Zephaniah Swift, who was the author of Swift's Digest. The older lawyers in all those States which founded their law upon the common law have doubtless heard of this book. It was exceedingly valuable as an introductory book for beginners, and an excellent hand-book for professional work.

The work of the court in Connecticut is recorded in the volume of reports which I have mentioned, in five volumes of Day's Reports and in fifty-seven volumes of Connecticut Reports. In them there are no startling cases. They record the litigated cases of a people usually happy and intent on the arts of peace; but I feel sure that they teach constantly the principles of that science of which Lord Erskine said: "They are founded in the charities of religion, in the philosophy of nature, in the truths of history, and in the experiences of common life."

Mr. Clark Bell, introducing the next speaker, the Hon. David Dudley Field, said:

It is fitting on such an occasion, when we meet to pay our highest tribute to a State like Connecticut, and a tribunal like her Supreme Court, that we should look in retrospect, at the century that has elapsed, since the fathers founded the Republic, at the record of the bench and bar, that has made the name of Connecticut lustrous in the judicial annals of our country.

It is our grand good fortune to have with us to-night, the Nestor of the American bar, who was born in Connecticut, and whose useful life, has covered nearly all the years of our present century. His eye has seen much that is far in the past, and besides that love and affection he bears to his birthplace, are the reminiscences of the men conspicuous in the judicial annals of his native State, who have been upon the stage of action during the eventful years of the present century.

I have been favored with his personal acquaintance, and I believe with his friendship, for more than twenty-five years and have looked with admiration upon that magnificent physique, which has been the wonder of the bar, sparing him for labors of the highest consequence and importance, both State, National and International.

When we shall have separated, when this banquet will be but a memory and a reminiscence, that which will give us most pleasure, the reminiscence we shall prize among the highest, will be that of

the presence of the Hon. David Dudley Field, whose illustrious name I will connect with the toast, "Reminiscences of the Bench and Bar of Connecticut."

Mr. David Dudley Field responded as follows :

MR. PRESIDENT:—When you did me the honor to invite me to this banquet, I was quick to accept the invitation, because I expected to meet the Judges of my native State, of which I bear so pleasant a remembrance. I find however Representatives from other seats of justice come to greet the Judges of Connecticut. You have here a judge from the Dominion of Canada, over which shines the mild light of Arcurus, and on the other side a Representative from Texas where glows not the lone star of other days, but the bright constellation of the Southern Cross. You have Judges from the neighboring State of New Jersey, from the further State of Pennsylvania and from Delaware, about which I may use the language of John Quincy Adams, speaking of Rhode Island, that "She is to be measured not by the smallness of her stature, but by the loftiness of her principles." All these eminent Judges are here to join in salutation to the Judges of Connecticut, and to them therefore our attention is to be chiefly directed.

I am old enough to remember the Judges of Connecticut when they sat under the authority of the Colonial charter, that charter which was hidden in the famous oak of Hartford to escape seizure by an emissary of the King of England. I was present at the trial in Haddam, my native town, of a man for murder. Trumbull was the Judge, that Trumbull who wrote *McFingall*, and who being elected for a single year, as was then the rule, was reelected for as long as he lived. He was neatly dressed, wearing ruffles in the bosom, and at the wrists, and was in trim knee breeches.

I remember this incident of the trial. The crowd was so great that the Court was adjourned from the Court House to the Church, then called the meeting house. The jurors sat in the square pews. One of the jurors, a respectable farmer of the neighborhood, thinking that he had detected some mistake of the counsel rose to correct him, when the counsel retorted, that the juror was the one mistaken, and added "Let him that thinketh he standeth take heed lest he fall." The prisoner was convicted and hung at Middletown. I went up to see the execution, and when I reached the place, train bands were marching through the streets playing their music, as if for a great festivity. A sermon was preached to a crowded house, and the prisoner was then taken, dressed in a shroud, to a hill near by, and in the presence of thousands of spectators was executed. These scenes were of course impressed strongly on the memory of a boy. I remember the session of the County Court at Haddam, when the Judges, headed by the Sheriff marched in order from the tavern to the Court House. I remember seeing in Court David Daggett, wearing white top boots, and I met Roger Minot Sherman, driving into the village in a sulky. I remember Staples and Hungerford. The latter went into Court one day with a bible under his arm, to show from the first chapter of Genesis, as authority in an insurance case, that the day began at sunset "and the evening and the morning were the first day."

In those days parties ran high in Connecticut, between the Democrats and the Federalists—"Demos" and Feds," as they were called for shortness, and contempt as well. Let me recount two anecdotes :

The Reverend Dr. Backus riding along the highway stopped at a brook to water his horse, when another rider came up from the opposite side, and thus addressed the good man : "Good morning, Mr Minister:" the latter replied, "Good morning, Mr. Democrat:" "How did you know that I was a minister?" "By your dress," "How did you know that I was a Democrat?" "By your address."

At another time Dr. Backus being prosecuted for a libel upon Mr. Jefferson, was taken from his home to Hartford to be bailed. The minister and the marshal rode of course, for that was not the hey day of vehicles. The minister rode very fast, so fast that the marshal called out after him :

' Dr. Backus, Dr. Backus, you ride as if the devil were after you.' The Dr. turning his head replied, "Just so."

MR. PRESIDENT.—Connecticut has been often abused for the frugality and thrift of its people, and called in derision the nutmeg State. I remember hearing that a New Yorker once put into his will an injunction against any child of his being educated in Connecticut.

An Episcopal clergyman removing from New York into a Connecticut town was actually boycotted. The people would not sell him any thing to eat, and I believe he returned for food and shelter to the hither side of Byram river. I remember such a joke as this current in New York, that they had a singular habit in Connecticut when a man cast up his accounts with his neighbor and give him a note for the balance, he used to exclaim: "Thank God, that debt is payed." Some of the people have singular tastes now and then; as for example there is a hill behind East Haddam, that used to be called "Stagger-all-hill," but inquiring the other day, I was told its name was now "Mount Parnassus."

They may say all these things if they please, but Connecticut has no public debt, or a very small one at most, and her people are industrious, educated, polite to strangers, jealous of their rights and brave enough to defend them. I remember hearing Mrs. Fanny Kemble say, some years ago, of the twelve hundred thousand people then inhabiting Massachusetts, that taking them all in all she thought they were the foremost twelve hundred thousand people living together in the world, and I can speak in similar terms of the inhabitants of Connecticut, as really a part of the same people.

In conclusion, Mr. President, may I without affectation utter these words of love for my native State, its scenery and its people:

Flow on gentle river, shine on rugged and wooded hills, smile on green meadows basking in the sun, and you, brave people, who dwell amid the scenes, prove yourselves ever worthy of your progenitors, and flaunt high as you will, the old banner with its hopeful and trustful motto—*Qui transtulit sustinet*.

Mr. Bell introduced as the next speaker Hon. Edward M. Paxson, Chief Justice of the Supreme Court of Pennsylvania. He said:

"The State of New York looks with pride, and takes pleasure in, all that tends to the welfare of that splendid State, which touches our southwestern border.

We of the City of New York, when welcoming, to the hospitality of our city, the distinguished men who honor us with their presence this evening, look to the great City of Brotherly Love, and to the Keystone State, to aid us, in the honor we pay the highest judicial tribunal, of a New England State.

The exalted, the commanding position occupied by our highest judicial tribunals, in the American States, the respect and confidence we feel in the pure administration of justice, has inspired this club upon this occasion, and we have good fortune to have with us, from Pennsylvania, as an honored guest, the Chief Justice of the Supreme Court, of that State.

Adorning the Bar, by his talent, before his elevation to the Bench, of which he is one of the most conspicuous members, I have the high honor, and, I assure you, it is with sincere pleasure, that I introduce Mr. Chief Justice Edward M. Paxson, of the Supreme Court of Pennsylvania, whom I shall ask to respond to the sentiment, "Pennsylvania—Her Bench and Bar."

Chief Justice Paxson responded as follows :

Mr. Chairman and Gentlemen:—The Supreme Court of Pennsylvania have been under too many obligations to the learning and ability of the Supreme Bench of Connecticut in the discharge of its duties, not to make it a pleasure for me to voice the universal sentiment of the Judges of Pennsylvania, in expressing on an occasion like the present, the high place that Bench has ever maintained, in the public estimation of my State both at the Bar and upon the Bench.

I think, Mr. Chairman, that both you, and the Club which unites with you, in this beautiful tribute to the Supreme Court of a New England State, are entitled to the thanks of the Judiciary everywhere. It is a most graceful tribute.

When I recall what has been set before us at this feast, what we have already heard from that able and distinguished member of the American Bar (Mr. David Dudley Field), in behalf of the State of his nativity and its Bench, in the past, and what is to come from the distinguished representatives of Bench and Bar from the New England and Middle States, who are present at this Banquet, I feel sure you will concur with me, that Connecticut, has well deserved the distinction, here extended to her, which the learning and the ability of her Judges have commanded from Bench and Bar throughout the American Union.

It is occasions like the present, and like the recent Centennial celebration of the organization of the Supreme Court of the United States in your City, which bring Judges and Lawyers from the various portions of the Union together at a banquet, to meet in social and fraternal intercourse, that aid both Bench and Bar to a personal knowledge of the men whom they have hitherto known only through the public press, or in the reports, or from their written decisions and opinions. It is for this reason that while joining for my associates of the Supreme Court of Pennsylvania, to which tribunal I am indebted for this honor, with the greatest pleasure, in paying this tribute to the Supreme Court of Connecticut, so well represented by the group on the Menu of the Banquet, I feel under none the less obligation to the President of this Club, and his colleagues, whose faces also encourage us from the second group, for bringing us together; and I recognize gentlemen in the legal members of the Saturday Night Club, those who are among the foremost men, not alone of the Bar of the City of New York, but of the whole country.

Your Chairman, gentlemen, well expresses the power, the dignity and the place of the Supreme Court in the autonomy of the State Governments in the American Union. I fully agree also in his estimate of the popular confidence in the higher Judicial tribunals. The American Judges, not alone of Connecticut, but of the whole country, have ever held high, the banner of Judicial purity and Judicial independence, and the records of the decisions of the American Courts stand as a monument to the learning, the industry and the Judicial independence of the American Bench. It is for this reason that the American people so confidently and so implicitly trust the American Judiciary. I thank you, Mr. Chairman, for the high honor and compliment of the invitation, to join with your Club in paying tribute to Connecticut Judges, whom I now meet for the first time, and assure you I shall recall with the greatest pleasure this occasion as one of the happiest events of my life.

Mr. Bell introduced as the next toast, "The Supreme Court of Delaware," and read letters of regret from Chief Justice Comegys and from Chancellor Saulsbury. He said:

"The Saturday Night Club, gentlemen, invited the entire bench of Delaware to meet the honored guests of the evening, as it did of Rhode Island and Ohio. We have the letters of regret from the judges of 'Little Rhody' and from the Buckeye judges, which explain their absence by the session of their

courts; but we have with us one of the Delaware bench, who comes to aid this club in giving appropriate honors to the judiciary of Connecticut.

"This club and city, gentlemen, has a warm corner nearest the heart for Delaware.

"We placed her silver-haired governor at the head of that stately procession of the governors of States that marched up our avenue in that wondrous centennial celebration. Who will forget the gallant bearing, the flowing silver locks, and genial face of Governor Biggs, of Delaware, on that occasion? Some one has said that Delaware, like Rhode Island, may be likened to the 'sixpence' among six cents—'the smallest, the brightest, and worth all the rest.'

"I shall call to respond to this toast the junior member of the Supreme Court of Delaware, who has won his spurs at the bar of his State, and worthily graces a bench adorned by the splendid names of Comegys and Saulsbury, the former of whom accepted conditionally, and the latter was kept away by failing health.

"I have the pleasure of introducing the Hon. Ignatius C. Grubb to respond to the sentiment of the Supreme Court of Delaware."

Judge Ignatius C. Grubb, of Delaware responded as follows:

MR. PRESIDENT:--Upon being called upon to respond to your toast of the Bench of Delaware, I realize the truth of the saying. "It is the unexpected that usually happens." which is verified in this instance.

Until this moment I had no notice from you—nor even a hint—that I would be expected to make a speech; hence I feel as Patrick did when he caught the bear—that I shall be grateful to any one, who will help me to let it go.

Mr. President, you have really done great violence to a trustful and confiding nature, and impaired, *pro tanto*, my confidence in your administration. But still you are entitled to the benefit of this extenuating circumstance: By concealing, until now, your intention to call upon me, you have not impaired my appetite, nor marred my enjoyment of your generous feast, as so often happens to those, who are informed in advance of the oratorical ordeal, they will be expected to endure.

I regret that the duty of speaking for the Bench of Delaware, has fallen upon the member of that body, least worthy to represent our judiciary. I had expected to find our Chief Justice here to-night, and I sincerely deplore, that we have not present on this memorable occasion either our Chief Justice or our Chancellor, that you might be convinced that the best representatives, of the Delaware bench could successfully rival, both the majesty of physical appearance, and the dignity of mien, of even the handsome and distinguished Chief Justice from our neighboring State, who sits beside me.

But I know that I speak for the Delaware judiciary, and truly represent them, when I say, that we profoundly appreciate the courtesy, and the hospitality shown to us by the Saturday Night Club, through its invitation to share with it, and its other guests, such a rare feast as we find here to-night.

At the recent magnificent banquet given in honor of the Supreme Court of the United States, upon its centennial anniversary, I heard one of the gifted orators upon that occasion, wittingly declare to the vast assemblage

of the bench and bar there present: "We are all lawyers—except the Judges."

On this occasion I feel, that I can truly declare that we are all both judges and lawyers. We are judges of both good company and good cheer, as our presence here at this late hour attests; and we are all lawyers, in full practice at the bar, as these vacant bottles and empty glasses—particularly the great "loving cup" in front of my handsome friend at my right—demonstrates by a continuous chain of circumstantial evidence, which is absolutely conclusive.

As the lawyers often assert, and as the judiciary sometimes admit, "*Res ipsa loquitur*." Therefore it is needless for me to say more. Consequently I shall yield the floor to the next victim of President Bell, who so worthily and so gracefully fills the executive chair to-night; and so faithfully and so zealously—and, I may say, impartially,—pursues his administrative policy of "killing us with kindness."

Before doing so, however, my heart bids me say to him: May your life be as happy, and as prolonged as we have found one of your charming Saturday nights, and may your club have a perpetual succession of such presidents, and such members as those are who have honored and entertained us here this evening.

MR. BELL:

GENTLEMEN:—Before calling others of the judges among our distinguished guests, I know you would never forgive your chairman if he failed, now that we have a quorum present of the Connecticut bench, to call to his feet one of the oldest judges, in term of service, one of the true sons of Connecticut, who comes here as one of the staff of the Chief Justice, and who is really responsible for the occasion which brings us together.

It was my good fortune to be assigned by the committee at the recent Judicial Centennial to take charge of and escort the judge whose name I am about to pronounce, and it was due to his charm of manner and the pleasant acquaintance thus formed on that occasion, that has led up to the feast of this evening.

A man of the people, learned in the rudiments, the science and the philosophy of the law; of industry, full of the courage of his convictions, and an intense lover of justice for justice sake, Connecticut has been fortunate to have secured upon her bench Judge Elisha Carpenter, of Hartford. I shall not ask him to respond for the Supreme Court of his native State. That has already been done by the learned Chief Justice. But I will ask him to speak "For the State of Connecticut, and for the people of Connecticut;" for I know that Judge Carpenter is of that Puritan stock and race who believe in the people, and is in full sympathy with the faith of the men of Plymouth Rock, who sought to found on these shores not only "a church without a bishop," "but a State without a king"—that he is one of the New England Puritans, who have moulded the stern granite of their convictions into the foundation and corner-stones of American constitutions.

Judge Elisha Carpenter responded as follows :

Mr. President and Gentlemen :

I am somewhat out of my place in attempting to speak on an occasion like this ; nevertheless, I feel that it is incumbent on me to say something—not to make a speech, for I long since retired from that business ; but I propose to give utterance to a few thoughts which may not be wholly inappropriate.

I offer no apologies, no excuses ; for I am persuaded that apologies and excuses are not current, and will not be accepted. Neither are words without meaning wanted. If I have anything to say, you desire me to say it ; if nothing, you would prefer that I remain silent.

Your President has been pleased to refer in complimentary terms to the Supreme Court of Connecticut. Indeed, the fact that we are here is of itself a high compliment.

I desire first to express my appreciation of such a compliment. We do not appropriate it to ourselves as individuals, nor to ourselves as judges, nor to ourselves collectively as a court ; but we regard it as a compliment chiefly to the people of our State. In their name, and in their behalf, I thank you. For myself, personally, I thank you, among other reasons, for the opportunity it affords me of becoming acquainted with so many distinguished men. It not only extends my acquaintance, but it enlarges my conception of the great brotherhood to which we belong—the brotherhood-in-law. It is unlike the brotherhood of blood brothers which Stanley found on the banks of the Congo, in the Dark Continent. There the barbarous chiefs, by a custom partly religious, largely superstitious, admitted Stanley and some of his associates into this peculiar relationship.

The initiation is one of blood. Blood is drawn from the arm of each ; the arms are brought together, and the blood from the two arms is permitted to commingle. Although the initiation is a bloody ceremony, yet it signifies peace and good will.

Thenceforth the black chief and all his relations become the brother and relations of the white stranger ; and the white stranger and his friends become the brother and friends of the dusky chief. Each is pledged to the other in a solemn covenant, under all circumstances to be his friend and protector ; and that covenant is religiously observed. Stanley and his friends found it to be of the greatest consequence to them.

That is a relationship prompted by self-interest, self-protection. Ours, on the other hand, is a relationship prompted by a desire for mutual improvement ; not as an end, but as a means to an end—the benefit of our fellow men. Nor is the element of protection wholly wanting in our case ; for the brotherhood protects the worthy, when protection is needed, and aims to protect the public from the unworthy and vicious.

But to come back. I repeat, it is in a great measure to the people of our State that we are indebted for this attention. The courts of any State are, in the main, what the people of that State choose to have them. When the people love fair play and desire that justice and righteousness shall prevail, the courts will strive to attain those ends. On the other hand, law, whether embodied in statutes or promulgated by the courts, is an educator and teaches practical morals. Erskine, I believe, tells us "Morals fall in the cold abstract from the pulpit, but men smart under their practical application when we lawyers become preachers." Thus it is that the people and the courts act upon and support each other. The best results are obtained when the people and the courts are in harmony with each other. Without harmony it is impossible that the affairs of the State will run smoothly.

I believe that the people of Connecticut have ever been loyal to their courts, and that the courts, in turn, have been loyal to the people.

Whatever of excellence or merit there may be in our Supreme Court, to the people of the State belongs the credit. Wherein we fall short or transgress, on us, let the blame rest. I, for one, am ready to take my share of the responsibility. I am led to these reflections because I believe that our political institutions, as a rule, are such as the people choose to demand or are willing to tolerate.

We speak of the Supreme Court of Connecticut as being the highest court in that State ; of the Court of Appeals, in New York, as being the highest court in this State ; of the Supreme Court of the United States as being the highest court in the nation. Well, so far as constitutions and written laws

are concerned, it is true, they are the highest courts; but in a broader and very important sense it is not true; they are not the highest courts. Over and above them all is an august, all-potent tribunal to which they are all subordinate—a tribunal that enacts (indirectly, it is true,) and repeals statutes; makes and unmakes constitutions, and does not hesitate to overrule obnoxious decisions by the highest courts in the land. I allude to the great tribunal of public opinion. I might refer to particular cases, but I will spare you.

I have spoken of it as an all-potent tribunal. Its potency appears not only in its effects upon other tribunals, but also in its effects upon the people themselves; for it compels obedience to all law—statutory law and that promulgated by the courts, however objectionable—until the machinery of this supreme tribunal can work a repeal or reversal.

I might enlarge upon this point.

A fairly intelligent people will, in the main, be right on all questions pertaining to public virtue, integrity and uprightness in the conduct of public affairs. With such, a healthy public sentiment is almost a matter of course. The average belief of a large number of good men can generally be relied on. They may be misled; they may fall into error; for one cause or another they may be wrong; but public sentiment, like a ship in a storm, has a tendency to right itself. Like truth, it may be temporarily crushed to earth, but it will surely rise again and assert itself.

The old Roman maxim, *Vox populi, Vox Dei*, has in it a large element of truth, a philosophical foundation.

In this tribunal the maxim, *Stare decisis*, has but little weight. The people in time come to know what they want, and sooner or later they will have it. They neither search for precedents, nor regard them, especially if unsuited to their present needs.

At the same time, this superintending and supervising power, has great influence over all courts, in the application of this maxim. And it ought to; for it is a maxim that should never be used to perpetuate error. If a wrong decision is made, I would overrule it the next day, if I had an opportunity. Yea, more; if possible I would take back the decision and correct the error, in the same case, thus preventing present injustice and future mischief. Pride of opinion should, under no circumstances, prevent us from doing right.

This maxim should never be used, so as to operate as an entering wedge to undermine and overturn well-known and well-settled principles—fundamental principles. There is great danger of this. Great care is often-times required not to extend the principle of a given case, beyond its legitimate limits. We often go to the very verge of the law. Using such a case as a precedent for passing the line, may be fraught with infinite mischief.

On the other hand, the maxim should not be disregarded, so as to introduce confusion and uncertainty into the law; nor should it be disregarded when a series of decisions has become a rule of property. In short, it is a salutary maxim; but it has its limits. Its limitations should be regarded. It has its abuses, and is often misapplied. The abuses and misapplications should be avoided.

We have recently had an important matter before our court. It has received much consideration, and has been the subject of not a little discussion. The matter at length issued in a result—a unanimous result. The same matter is liable to come before other judges. When it does, it is to be hoped that the judges will give the Connecticut precedent due consideration, and accept—a good dinner at Delmonico's.

MR. BELL:

Let us make another digression before we call for other judges or for members of the bar of this, or other States.

We have present with us as a guest this evening one whose name has been indissolubly connected with the higher fields of professional excellence, both as a lawyer and as a judge—one who attained national renown as a jurist, by his forensic tri-

umphs, before the fame of his judicial utterances, attracted general attention.

One who has reaped and is now reaping the highest fruits, of professional success, at the bar of our city, who, by his education, his culture, his learning and his achievements, is qualified to speak for the Federal Judiciary, as our limits did not permit us to invite any members of that bench to this banquet.

I have a sincere pleasure, gentlemen, in introducing the Hon. John F. Dillon, and to connect his name with the health of the Federal Judiciary of the nation.

Hon. John F. Dillon responded as follows :

You will notice, Mr. President, under your peremptory ruling that every speaker shall be confined to six minutes with the intimation that he is under no obligation to occupy even that space of time, that I speak to you with my admonitory watch in my hand. First of all, I must pay my sincere respects to the guests of the evening, the Honored Chief Justice and Associate Justices of the Supreme Court of Connecticut. That State has produced a long line of illustrious Judges and Lawyers. Nearly 40 years ago on the banks of the Mississippi, when I was a student of the law, there was in the library "Swift's Digest of the Laws of Connecticut." I then often referred to it, and never without admiration of the ability and learning which it displayed. It gave me pleasure to hear the author referred to for his learning and ability, by some of the preceding speakers. I suppose this work has largely been superseded and not improbably by others of inferior merit. Of course, so important and extended a theme as the State and Federal Judiciary, cannot even be glanced at under the time limit in which I find myself placed. I do not quite agree, however, Mr. President, with the implication in your remarks, that there is, may be, or ever can be any real antagonism between the State and Federal Judiciary. Each has its own defined sphere, and it is a remarkable fact that in the full century that has just passed, although these two classes of Courts derive their authority, one from the Nation and the other from the States, and exercise their jurisdiction over the same territory and people, they have rarely come into conflict, and the conflicts that have ensued, have been speedily, peacefully, and lawfully adjusted. It is impossible to over-estimate the value and importance, of the great subjects confided to the care of the General Government and to the Federal Judiciary, but it is at the same time true that the State Judiciary has a more close, direct and immediate, relation to the interests, the business, the lives, the property, the social relations of the people of this country than the Federal Judiciary. They have more to do in moulding our jurisprudence. True law grows from below and is not mechanically fashioned from above. The most philosophical statesman and thinker of England, Mr. Burke, has said that "there are two foundations of law, equity and utility." This is true generally in every civilized community. It is especially true in the American States ; and it is the delicate and high function—particularly of the State Judiciary—to elaborate into the enduring products of law and justice, the crude materials of our daily experience, and to record in the books of reports, for our guidance and instruction, every step in this great process.

I have only time within the limits assigned to thank you and this Club with all my heart, for the honor and the privilege, of being present on this most interesting occasion.



APPLETON MORGAN, Esq.

APPLETON MORGAN, ESQ.

Born in 1848, of Massachusetts lineage on both sides, the subject of this sketch may claim to have been bred for the bar as his father, Peyton Randolph Martin, his grandfather and great grandfather were all lawyers. He graduated at Columbia College, was admitted to the Bar in 1869, and entered upon the practice of the law in the City of New York.

While Mr. Morgan has been a close student and successful lawyer, his literary tastes have largely dominated his career. He is the author of "The Law of Literature." He edited "Best's Principles of Evidence," and contributed a paper on "Personal Identity" to the Medico-Legal Society, of which he has for years been a member, and was at one time its Librarian.

In the practice of the law, he has been engaged in important cases, the most prominent of which, that we recall, was that of Parker charged with the murder of Lambert on the high seas, who was acquitted on Medico-Legal evidence.

His specialty has of late years been the law of corporations.

Outside of his profession and his well-known literary tastes and pursuits, Mr. Morgan has acquired most renown, as a Shakespearian scholar and authority. He founded the Shakespearian Society in this city in 1885, which has a membership of about 400, and has twice been elected its president.

His work on "the Shakespearian Myth," which appeared in 1881, attracted great attention, and brought Mr. Morgan into great prominence, among students and lovers of the great poet.

His "Shakespeare in fact and in criticism," added to that reputation, as did his "Venus and Adonis," a study in the Warwickshire dialect.

Mr. Morgan is an agreeable and forcible speaker, a graceful writer and essayist, and a well-read and ably equipped lawyer, and is entering upon a career of great usefulness and success in his profession.

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OF THE STRONGEST LIFE INSURANCE COMPANIES
IN THE WORLD FOR

\$50.

Why leave your family—your Wife and Children—a \$10,000 *Estate*, in the shape of Life Insurance, when the *same yearly payment* you are now paying for the \$10,000 Insurance to the Old System Companies will secure for your Estate to your Wife and Children double the amount, or \$20,000, in the Strongest and most Successful Life Association in the World. Therefore secure your Life Insurance in the

MUTUAL RESERVE FUND LIFE ASSOCIATION,

which continues to furnish Life Insurance at about one-half the usual rates charged by the Old System Companies.

It is able to furnish Life Insurance at about one-half the usual rates, because it collects each year in addition to a small emergency fund, only the amount required to pay the death claims and legitimate expenses from year to year.

It has already paid to the widows and orphans of deceased members more than Seven Million Five Hundred Thousand Dollars in cash.

It has already saved to its living members by reducing the rates of Life Insurance; said saving exceeds Twenty Million Dollars in cash.

In addition to reducing the rates to less than one-half the amount charged by the Old System Companies, its cash surplus accumulations equal a dividend of more than thirty per cent. upon the total mortuary premiums paid by the members of five years' standing. Which thirty per cent. dividend is payable at the expiration of fifteen years from date of membership.

It has a Cash Surplus Reserve Emergency Fund exceeding Two Million Three Hundred Thousand Dollars, with Assets exceeding Three Million Dollars.

It has more than fifty-five thousand members; more than fifty-five thousand homes are provided for through its policies of insurance. It has more than One Hundred and Seventy-five Million Dollars of Insurance in force.

It is transacting business in all of the healthy sections of our country, as well as in England, Ireland, Scotland, France, Belgium and Sweden.

The Mutual Reserve Fund Life Association advances money to the widows and orphans within twenty-four (24) hours after the death of its members.

It is the greatest financial success ever known in the history of Life Insurance. Write for full particulars.

E. B. HARPER, President.

HOME OFFICE—POTTER BUILDING, 38 PARK ROW, NEW YORK.

O. D. BALDWIN, Vice-President.

N. W. BLOSS, Second Vice-President.

HENRY J. REINMUND, Comptroller and Treasurer.

Late Supt. of Insurance, State of Ohio.

SAM'L A. ROBINSON, M. D., Chairman Finance Committee on Investments.

CHAS. R. BISSELL, Chairman Directors' Death Claim Committee.

F. T. BRAMAN, Secretary.

CENTRAL TRUST CO., of New York, Trustee Reserve Fund.

THE AMERICAN LOAN AND TRUST CO., of New York, Trustee Emergency Fund.

OFFICIAL EXAMINATIONS.

Official examinations of the books and accounts of the Mutual Reserve Fund Life Association have been made within the past five years, and after each of said examinations a complete indorsement has been given, certifying that the books were correctly kept, the income properly applied, and every honest death claim promptly paid in full, by the following INSURANCE COMMISSIONERS:

Hon. JOHN A. McCALL, Ins. Com'r. N. Y.
Hon. EUGENE PRINGLE, Ins. Com'r. Mich.
Hon. H. J. REINMUND, Supt of Ins, Ohio.
Hon. CHAS. SHANDREW, Ins. Com'r. Minn.
Hon. PHILIP CHASEK, Jr., Ins. Com'r. Wis.
Hon. ELISHA W. BUCKLIN, Ins. Com'r. R. I.
Hon. E. W. KNOTT, Dept. Supt & Exam'r, Mo.
Hon. AUG. F. HARVEY, Actuary, Mo.

Hon. LOUIS B. SCHWANBECK, Ins. Com'r, Col.
Hon. M. H. DYER, Exam'r Ins. Dept. { W. Va.
Hon. LOUIS McADAM, Actuary, {
PRICE, WATERHOUSE & CO., the World Renowned Licensed Accountants, of London, Eng.
Hon. ELIZUR WRIGHT, the old and honest Actuary and Ex Insurance Commissioner of the State of Massachusetts.

In addition to the various examinations by the above INSURANCE COMMISSIONERS, nearly ONE HUNDRED other Examinations have been made by Committees of Policy-Holders from the various sections of our country—Bank Experts, Actuaries, Accountants, Auditors and others—and in each instance Complete Indorsements have been received by the Association.

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